

Case Number:	CM14-0209979		
Date Assigned:	12/23/2014	Date of Injury:	03/23/2012
Decision Date:	02/27/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/15/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, shoulder, and wrist pain reportedly associated with an industrial injury of March 23, 2012. In a Utilization Review Report dated October 20, 2014, the claims administrator denied several topical compounded medications, denied tramadol, denied omeprazole, and denied tizanidine. The claims administrator noted that the applicant was status post left shoulder rotator cuff repair surgery in April 2006 and status post right shoulder rotator cuff repair surgery in January 2014. The claims administrator referenced progress notes of July 15, 2014 and October 20, 2014 in its denial. The applicant's attorney subsequently appealed. In a September 29, 2014 progress note, the applicant reported persistent complaints of neck pain, shoulder pain, ankle pain, and headaches, exacerbated by lifting and motion. The attending provider stated that the applicant's topical compounded medications were helping but did not elaborate further. Ultracet, Norco, tizanidine, Prilosec, and several topical compounded medications were sought. MRI imaging of the cervical spine, left shoulder, and left ankle, along with electrodiagnostic testing of the upper extremities and a urology consultation were all endorsed. The applicant was reportedly off of work and had retired, it was suggested. The box labeled total temporary was nevertheless checked. On October 20, 2014, the applicant was again described as no longer working. The applicant had reportedly retired at age 60, it was stated. Moderate complaints of neck and shoulder pain were noted exacerbated by lifting and repetitive motion. The attending provider stated that the applicant's medications were helpful but again did not elaborate further.

Tramadol, tizanidine, omeprazole, Norco, and topical compounded medications were endorsed. The box labeled total temporary disability was checked.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Cyclobenzaprine 10%/Gabapentin 5%/Lidocaine 5%/Capsaicin 0.025%/transdermal cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, gabapentin, the secondary ingredient in the compound, is not recommended for topical compound formulation purposes. Since one or more ingredients in the compound are not recommended, the entire compound is not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Tramadol HCL 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant has not returned to work, although it was acknowledged that this may, in part, be a function of age (60) and/or associated retirement versus a function of the industrial injury. Nevertheless, the attending provider has likewise failed to outline any quantifiable decrements in pain and/or material improvements in function achieved as a result of ongoing medication consumption, including ongoing tramadol usage. The fact that the attending provider continues to report that the applicant is having difficulty performing activities of daily living as basic as lifting and/or reaching overhead, coupled with the fact that the attending provider continues to check the box labeled 'total temporary disability' did not make a compelling case for continuation of the same. Therefore, the request is not medically necessary..

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as omeprazole are indicated to combat issues with NSAID-induced dyspepsia, in this case, however, there was no mention of any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, in any of the progress notes provided. Therefore, the request was not medically necessary.

Tizanidine 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, tizanidine/Zanaflex Page(s): 7, 66.

Decision rationale: While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine is FDA approved in the management of spasticity but can be employed off label for low back pain, in this case, however, there was no mention of the applicant's having issues with low back pain on the most recent progress note of October 20, 2014, referenced above. The applicant reported issues with neck pain, trapezius pain, and shoulder pain on that date. There was no mention of the applicant's having any issues with back pain present for which off label usage of tizanidine could be considered. It is further noted that the applicant has seemingly been using tizanidine for some time, despite the unfavorable MTUS position on the same for the body parts at issue. The applicant has, moreover, failed to demonstrate any lasting benefit or functional improvement through ongoing usage of tizanidine. The applicant has failed to return to work. The applicant remains dependent on opioid agents. The applicant continues to report difficulty activities of daily living as basic as lifting, carrying, and reaching overhead. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of tizanidine. Therefore, the request is not medically necessary.

PCCA Lipoderm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics and topical compounds such as the article at issue, as a class, are deemed "largely experimental." Here, the attending provider did not furnish any compelling

applicant-specific rationale or medical evidence which would support provision of the largely experimental topical compounded agent at issue. Therefore, the request was not medically necessary.