

Case Number:	CM15-0002552		
Date Assigned:	01/13/2015	Date of Injury:	01/04/2012
Decision Date:	03/16/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/06/2015

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 pain syndrome reportedly associated with an industrial injury of January 4, 2012. In a Utilization Review Report dated December 29, 2014, the claims administrator failed to approve request for oxycodone, Exalgo, tizanidine, and Ambien. The claims administrator referenced both the MTUS Chronic Pain Medical Treatment Guidelines, ACOEM Practice Guidelines, ODG Guidelines, and FDA Guidelines in its determination. The claims administrator noted that the applicant had undergone cervical epidural steroid injection therapy and further suggested that the applicant was using opioids on a long-term basis without profit. The applicant's attorney subsequently appealed. On August 20, 2013, the applicant underwent a right shoulder surgery. In a later note dated January 29, 2014, the applicant was given a Medrol Dosepak owing to ongoing complaints of shoulder pain. The applicant's complete medication list and work status were not detailed. In a Medical-legal Evaluation dated May 14, 2014, it was acknowledged that the applicant had alleged low back, neck, and shoulder pain complaints secondary to cumulative trauma at work. The applicant was status post shoulder surgery. The applicant was using Lipitor, Lopressor, aspirin, oxycodone, and Exalgo as of that point in time, it was acknowledged. The applicant was off of work, on total temporary disability, it was noted, and had failed to return to work since January 2012. In a handwritten note dated March 5, 2014, the applicant was asked to (continue pain management)/continue current pain medications. No discussion of medication efficacy transpired. The applicant's work and functional status were not detailed. The claims administrator's medical index suggested that the most recent progress note on file was in

fact the May 14, 2014 Medical-legal Evaluation. The December 18, 2014 progress note and December 19, 2014 RFA form on which the articles in question were sought were not, thus, incorporated into the Independent Medical Review packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone: Upheld

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

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

Decision rationale: No, the request for oxycodone was not medically necessary, medically appropriate, or indicated here. 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 was/is off of work, on total temporary disability, it was acknowledged on a May 14, 2014 Medical-legal Evaluation. Several handwritten progress notes referenced above, throughout early 2014, contained no mention or discussion of medication efficacy. The applicant's functional status and response to medications were not detailed. The December 18, 2014 progress note on which the article in question was sought was not incorporated into the Independent Medical Review packet. The information which was/is on file, however, failed to support or substantiate the request. Therefore, the request was not medically necessary.

Ambien: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section. Page(s): 7-8. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Food and Drug Administration (FDA), Ambien Medication Guide: "Ambien is indicated for the short-term treatment of insomnia characterized by difficulties with sleep initiation. Ambien has been shown to decrease sleep latency for up to 35 days in controlled clinical studies."

Decision rationale: Similarly, the request for Ambien, a sleep aid, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS does not specifically address the topic of Ambien usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration label, however, notes that Ambien is "indicated for the short-term treatment of insomnia characterized

by difficulties with sleep initiation", for up to 35 days. Here, the admittedly limited information on file seemingly suggests that the request in question represents a renewal request for Ambien. Long-term usage of the same does not, as noted previously, conform to the FDA label. The December 18, 2014 progress note in which the request was initiated was not incorporated into the Independent Medical Review packet. The information which was/is on file, failed to make a compelling case for a variance from the FDA label. Therefore, the request was not medically necessary.

Tizanidine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine/Zanaflex section; Functional Restoration Approach to Chronic Pain Management section..

Decision rationale: The request for tizanidine, an antispasmodic, was likewise not medically necessary, medically appropriate, or indicated here. While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine or Zanaflex is FDA approved in the management of spasticity but can be employed off label for low back pain as was/is present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, the applicant was/is off of work, on total temporary disability, as of the Medical-legal Evaluation dated May 14, 2014. Ongoing usage of Zanaflex has failed to curtail the applicant's dependence on opioid agents such as Exalgo and oxycodone. The December 18, 2014 progress note in which the request in question was initiated was not incorporated into the Independent Medical Review packet. The information which was/is on file, however, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of tizanidine. Therefore, the request was not medically necessary.

Exalgo: Upheld

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

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

Decision rationale: Finally, the request for Exalgo, an opioid agent, was likewise not medically necessary, medically appropriate, or indicated here. 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 was/is off of work, as of a Medical-legal Evaluation dated May 14, 2014. The handwritten progress notes of early 2014 failed to outline

any quantifiable decrements in pain and/or material improvements in function effected as a result of ongoing Exalgo usage. The December 18, 2014 progress note in which the article in question was sought was not incorporated into the Independent Medical Review packet. Therefore, the request was not medically necessary.