

Case Number:	CM15-0105033		
Date Assigned:	06/09/2015	Date of Injury:	10/13/2009
Decision Date:	07/10/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/01/2015

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, New York, 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 48-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 13, 2009. In a Utilization Review report dated May 29, 2015, the claims administrator failed to approve requests for OxyContin, Percocet, Zanaflex and "Cardiology follow-up care." The claims administrator referenced a RFA form dated May 19, 2015 in its determination along with a progress note dated April 23, 2015. The applicant's attorney subsequently appealed. On April 26, 2015, the applicant reported ongoing complains of low back pain, 6 to 7/10 with radiation of pain to the lower extremities. The applicant reported having gained 50 pounds following the date of the injury. The applicant reported issues with fragmented sleep. The applicant developed issues with pseudoarthrosis following an earlier lumbar fusion surgery. The applicant apparently alleged issues with an irregular heartbeat. However, a cardiologist had reported that an EKG was normal. The applicant nevertheless reported subjective complaints of palpitations, intermittent. The applicant was asked to pursue a previously proposed lumbar fusion surgery. The applicant was using a cane to move about. The applicant reported his pain was, at times, severe and exacerbated by sitting, standing, walking, and lying down. The applicant's pain complaints were currently scored at 6 to 7/10. Permanent work restrictions were renewed. Cardiology follow-up care was recommended. In an associated RFA form dated April 23, 2015, OxyContin, Senna, Zanaflex, and Percocet were all renewed. In a separate note also dated April 23, 2015, the applicant reported 9/10 pain without medications versus 6/10 pain with medications. The applicant stated that his medications were allowing him to get up out of bed and shower, albeit with the aid of a cane. In an applicant questionnaire dated April 23, 2015, the applicant acknowledged that he was not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Oxycontin, a long-acting opioid, 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 because of the same. Here, however, the applicant's work status was not outlined on April 23, 2015, suggesting that the applicant was not, in fact, working. While the attending provider did recount some reported reduction in pain scores from 9/10 without medications to 6 to 7/10 with medications. These reports were, however, outweighed by the applicant's seeming failure to return to work and the attending provider's failure to outline meaningful, material, or substantive improvements in function effected because of ongoing opioid usage. The applicant's commentary to the effect that his ability to shower and get up out of bed as a result of ongoing medication consumption, did not constitute evidence of a meaningful, material, or substantive improvement in function effected as a result of ongoing OxyContin usage. Therefore, the request was not medically necessary.

Percocet 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for Percocet, a short-acting opioid, 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 because of the same. Here, however, the applicant was off work, it was acknowledged on an applicant's questionnaire dated April 23, 2015. While the attending provider did recount some reported reduction in pain scores from 9/10 without medications to 6 to 7/10 with medications, these reports were, however, outweighed by the applicant's failure to return to work and attending provider's failure to outline meaningful, material, or substantive improvement in functions achieved because of ongoing opioid usage. The applicant's commentary to the effect that his ability to shower and get up out of bed as a result of ongoing medication consumption did not constitute evidence of a meaningful, material, or substantive improvement in function achieved as a result of ongoing Percocet usage. Therefore, the request was not medically necessary.

Zanaflex 4mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex, generic available) Page(s): 66.

Decision rationale: Similarly, the request for Zanaflex (tizanidine), an antispasmodic medication, 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, however, the applicant was off work, despite ongoing tizanidine usage. Ongoing tizanidine usage failed to curtail the applicant's dependence on opioids agents such as Percocet and OxyContin. The applicant remained dependent on a cane. The applicant continued to report difficulty with activities of daily living as basic as sitting, standing, walking, and transferring, despite ongoing tizanidine (Zanaflex) usage. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the Zanaflex. Therefore, the request was not medically necessary.

Cardiology follow-up care: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: Finally, the request for "Cardiology follow up care" was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 5, page 79 does acknowledge that frequent follow up visits are "often warranted" even in those applicants whose conditions are not expected to change appreciably from visit to visit, here, however, the request was open-ended, ambiguous, and open to a variety of different interpretations. It was not clearly stated whether the request in question represented a follow-up visit with the cardiologist, multiple office visits with the cardiologist, or a specific cardiac procedure, such as a Holter monitor study, EKG, etc. The request, thus, as written, cannot be supported owing to its ambiguous nature. Therefore, the request was not medically necessary.