

Case Number:	CM15-0105074		
Date Assigned:	06/09/2015	Date of Injury:	11/04/2009
Decision Date:	07/10/2015	UR Denial Date:	05/27/2015
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 45-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 4, 2009. In a Utilization Review report dated May 27, 2015, the claims administrator failed to approve requests for tizanidine, lidocaine patches, aquatic therapy, and Voltaren gel. The claims administrator referenced a May 21, 2015 RFA form and associated progress note on May 19, 2015 in its determination. The applicant's attorney subsequently appealed. In said May 21, 2015 RFA form, Lyrica, Percocet, tizanidine, lidocaine patches, and Voltaren gel were endorsed. In an associated progress note dated May 19, 2015 the applicant reported ongoing complaints of low back pain. The applicant was status post gastric bypass surgery some two and half months prior, it was acknowledged. The applicant reportedly lost 100 pounds. The applicant had completed unspecified amounts of aquatic therapy. The applicant was using Percocet for pain relief. Highly variable 6 to 8/10 pain complaints were reported, aggravated by lying, sitting, standing, and walking, it was further noted. The applicant was a former smoker, it was reported. The applicant's BMI was 43, it was noted on this date, based on weight of 342 pounds. The applicant was on Norco, Lyrica, Percocet, tizanidine, lidocaine patches, and Voltaren gel, it was reported in the current medications section of the note. The applicant was using walker to move about. 4+ to 5/5 lower extremity strength was appreciated with some hyposensorium appreciated about the right leg. Multiple medications were renewed. An additional eight sessions of aquatic therapy were sought. The applicant's work status was not detailed, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine HCL 4 mg #60: 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: No, the request for tizanidine, an antispasmodic medication, was 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 and 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 seemingly off of work, despite ongoing tizanidine usage. Ongoing usage of tizanidine failed to curtail the applicant's benefits on opioid agents such as Percocet and Norco, it was noted on May 19, 2015. The applicant continued to report pain complaints as high as 6 to 8/10 despite ongoing tizanidine usage. The applicant was still using a walker as of the May 19, 2015 office visit on which tizanidine was renewed. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of tizanidine.

Lidocaine 5% patch #60: Upheld

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

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

Decision rationale: Similarly, the request for topical lidocaine patches was likewise not medically necessary, medically appropriate or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain and neuropathic pain in applicants in whom there has been trial of the first line therapy with antidepressants and/or anticonvulsants, here, however, the applicant's ongoing usage of Lyrica, an anticonvulsant adjuvant medication, effectively obviated the need for the Lidoderm patches at issue. Therefore, the request was not medically necessary.

Aqua therapy 8 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua therapy Page(s): 22, 47 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22, Postsurgical Treatment Guidelines.

Decision rationale: Conversely, the request for eight sessions of aquatic therapy was medically necessary, medically appropriate, and indicated here. The request was framed as a postoperative request following a gastric bypass procedure, which reportedly transpired on March 5, 2015, i.e., some two and half months removed from the date of the request, May 19, 2015. As noted in the Postsurgical Treatment Guidelines in MTUS 9792.24.3a3, for all surgeries not specifically covered by the guidelines, the postsurgical physical medicine period of six months. Thus, the applicant was still within the postsurgical physical medicine treatment period as of the date of the request, May 19, 2015. The Postsurgical Treatment Guidelines note in section 9792.24.3.c3 that postsurgical treatment shall be continued through the end of the postsurgical physical medicine treatment period in applicants in whom it is determined that additional functional improvement can be accomplished. Here, it did appear that the applicant was making slow strides from a physical medicine standpoint as of the date of the request, May 19, 2015. The applicant had successfully lost weight, it was stated in that point in time. The applicant was still using a walker to move about on May 19, 2015. Additional physical therapy was, thus, indicated to facilitate the applicant's recovery following the gastric bypass surgery. The applicant was an ideal candidate for aquatic therapy, given his difficult with weight-bearing activities, as suggested on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was medically necessary.

Voltaren 1 gel #500: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac) Page(s): 112.

Decision rationale: Finally, the request topical Voltaren gel was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren has not been evaluated in the treatment involving the spine, hip, and/or shoulder pain. Here, the applicant's primary pain generator was, in fact, the lumbar spine, i.e., body part for which topical Voltaren has not been evaluated. Here the attending provider failed to furnish a compelling rationale for selection of this particular agent in the face of the unfavorable MTUS position on the same for the body part at issue, the lumbar spine. It is further noted that the applicant's ongoing usage of numerous and first line oral pharmaceuticals, including Norco, Percocet, Lyrica, etc., effectively obviated the need for the Voltaren gel at issue. Therefore, the request was not medically necessary.