

Case Number:	CM15-0016961		
Date Assigned:	02/05/2015	Date of Injury:	06/25/2012
Decision Date:	04/06/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/28/2015

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 [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of June 25, 2012. In a Utilization Review Report dated December 20, 2014, the claims administrator failed to approve request for Zanaflex, ibuprofen, Prilosec, and Lidoderm. The claims administrator referenced a progress note of December 10, 2014 and RFA form of December 22, 2014 in its determination. The applicant's attorney subsequently appealed. In a February 3, 2015 progress note, the applicant reported ongoing complaints of neck, back, and upper extremity pain. The applicant was using Norco twice daily. The applicant's medications included Norco twice daily, tizanidine twice daily, Prilosec daily, Lidoderm, and Motrin. Multiple medications were renewed. The applicant was given work restrictions. Diminished left upper extremity strength was noted. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. On December 10, 2014, the applicant was again described as using ibuprofen thrice daily, Norco once or twice daily, and tizanidine twice daily. The attending provider contended that the applicant had returned to part-time work and was trying to perform daily exercise reportedly ameliorated through her medications. The applicant was given a primary operating diagnosis of myofascial pain syndrome and a secondary diagnosis of chronic low back pain. The attending provider stated that the applicant's pain scores dropped from 8/10 without medications to 4/10 with medications. The attending provider stated that the applicant's ongoing usage of Prilosec was attenuating her symptoms of dyspepsia and/or stomach upset.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg, #120: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Disability Duration Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS: Tizanidine (Zanaflex, generic available) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 66 of 127.

Decision rationale: Yes, request for Zanaflex, an antispasmodic medication, was medically necessary, medically appropriate, and indicated here. As noted on page 66 of the MTUS Chronic Pain Medical Treatment Guidelines, Zanaflex or tizanidine is FDA approved in the management of spasticity but can be employed off label for low back pain, as was/is present here. Page 66 of the MTUS Chronic Pain Medical Treatment Guidelines also espouses the role for usage of Zanaflex in the treatment of myofascial pain syndrome. Here, the attending provider has, in fact, stated that the applicant's primary pain generator is, in fact, myofascial pain syndrome and has also noted that the applicant's secondary pain generator is chronic low back pain. The attending provider has posited that ongoing medication consumption has attenuated the applicant's pain complaints, has ameliorated the applicant's ability to perform home exercise, and has facilitated the applicant's returning to part-time work. Continuing the same, on balance, was indicated. Therefore the request was medically necessary.

Ibuprofen 800mg, #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 69 of 127.

Decision rationale: Conversely, the request for ibuprofen, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, an appropriate option in the treatment of NSAID-induced dyspepsia is cessation of the offending NSAID. Here, the attending provider has stated the applicant had developed issues with reflux, stomach upset, and/or dyspepsia, seemingly ibuprofen-induced or ibuprofen-exacerbated. Cessation of the offending NSAID, ibuprofen, thus, appears to be a more appropriate option than continuing the same. Therefore, the request was not medically necessary.

Prilosec 20mg with 4 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 69 of 127.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Prilosec are indicated to combat issues with NSAID-induced dyspepsia, as were/are present here. The attending provider did, furthermore, state in his December 10, 2014 progress note that ongoing usage of Prilosec had effectively attenuated the applicant's symptoms of reflux. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

Lidoderm Patch 5% #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Finally, the request for Lidoderm patches was 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/neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, there was no mention of the applicant's having failed first-line antidepressant adjuvant medications and/or first-line anticonvulsant adjuvant medications prior to selection, introduction, and/or ongoing usage of the Lidoderm patches at issue. Therefore, the request was not medically necessary.