

Case Number:	CM15-0161419		
Date Assigned:	08/27/2015	Date of Injury:	03/01/2004
Decision Date:	10/02/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/17/2015

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 50-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 1, 2004. In a Utilization Review report dated July 31, 2015, the claims administrator failed to approve requests for Norco, Zanaflex, and topical Flector patches. The claims administrator referenced a July 26, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On an RFA form dated July 24, 2015, Norco, Zanaflex, Flector patches and OxyContin were all endorsed. In an associated progress note of July 23, 2015, it was acknowledged that the applicant was unable to return to work owing to severe low back pain complaints, 9/10 with medications versus 10/10 without medications. Radiation of pain to the right leg was also reported. The applicant's ability to perform activities of daily living including sleeping, sitting, standing, walking, reaching, and/or negotiating stairs had all been constrained secondary to his pain complaints, it was acknowledged. The applicant's medications included Flector patches, Neurontin, Norco, Zanaflex, and OxyContin, it was reported. The applicant was given multiple medication refills. A repeat epidural steroid injection was sought. An earlier note of June 25, 2015 was also notable for commentary to the effect that the applicant was unable to return to work as of that date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

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

Decision rationale: No, the request for Norco, a short-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 was off work, it was reported on July 23, 2015. The applicant was unable to return to work owing to severe pain complaints scored as high as 9/10 despite ongoing medication consumption including Norco consumption. The attending provider failed to outline meaningful improvements in function (if any) effected as a result of ongoing Norco usage, which, coupled with the applicant's failure to return to work and the attending provider's reports to the effect that the applicant was having difficulty performing sitting, standing, walking, sleeping and negotiating stairs secondary to pain, taken together, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.

Zanaflex 4mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Tizanidine (Zanaflex, generic available); Functional Restoration Approach to Chronic Pain Management Page(s): 66; 7.

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 for unlabeled use 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 and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant remained off work; it was reported on July 23, 2015. The applicant remained dependent on opioids agents such as Norco and OxyContin. The applicant continued to report difficulty-performing activities such as sitting, standing, and negotiating stairs, it was acknowledged on that date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

Flector patch 1.3% #60: 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 for topical Flector patches was likewise not medically necessary, medically appropriate, or indicated here. Topical Flector is a derivative of topical Voltaren/diclofenac. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical Flector/Voltaren/diclofenac has "not been evaluated" for the treatment of the spine, hip, and/or shoulder pain. Here, however, the applicant's primary pain generator was, in fact, the lumbar spine, i.e., a body part for which topical Voltaren/Flector/diclofenac has not been evaluated, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. The attending provider failed to furnish a rationale for provision of this particular agent for a body part for which it has not been evaluated, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.