

Case Number:	CM15-0163682		
Date Assigned:	08/31/2015	Date of Injury:	12/02/2004
Decision Date:	10/06/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/20/2015

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 65-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of December 2, 2004. In a Utilization Review report dated August 7, 2015, the claims administrator failed to approve requests for Voltaren gel and oral Tizanidine. The claims administrator referenced an August 3, 2015 RFA form in its determination and an associated progress note of the same date. The applicant's attorney subsequently appealed. On said August 3, 2015 progress note, the applicant reported ongoing complaints of low back pain radiating into the right. The applicant had received multiple SI joint injections, it was reported. The applicant was on Norco for pain relief, it was reported. 7/10 pain with medications versus 10/10 pain without pain medications was reported. In the middle of the report, it was stated that the applicants' medications included Norco, Celebrex, Tizanidine, Miralax, and Voltaren gel. The applicant received multiple SI joint injections over the course of the claim, it was reported. The applicant was unemployed, it was stated in the Social History section of the note. A repeat SI joint injection, Celebrex, Norco, Miralax, Tizanidine, and Voltaren gel were all endorsed. In a mental health note dated July 27, 2015, the applicant reported ongoing issues with depression, anxiety, pain, and agitation. The applicant was on a variety of psychotropic medications to include Pristiq, Desyrel, Abilify, Lunesta, and Klonopin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 1% gel, 500gm with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: No, the request for Voltaren gel, a topical NSAID, 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" for treatment of the spine, hip, and/or shoulder. Here, the applicant's primary pain generator, per a progress note of August 3, 2015 was, in fact, the lumbar spine, i.e., a body part for which topical Voltaren has not been evaluated. The attending provider failed to furnish a clear or compelling rationale for provision of topical Voltaren for the lumbar spine, i.e., a large, widespread area not easily amenable to topical application. Therefore, the request was not medically necessary.

Tizanidine 4mg, #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) 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 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, an antispasmodic medication, is FDA approved in the management of spasticity but can be employed for unlabeled use for low back pain, as was 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 of work, it was reported on August 3, 2015. The applicant was unemployed, it was reported on that date. Ongoing usage of Tizanidine failed to curtail the applicant's dependence on opioid agents such as Norco, which the applicant was using at a rate of four times daily, it was reported on August 3, 2015. 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.