

Case Number:	CM15-0182813		
Date Assigned:	09/23/2015	Date of Injury:	01/06/2007
Decision Date:	11/06/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/17/2015

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 68-year-old who has filed a claim for chronic foot and ankle pain reportedly associated with an industrial injury of January 6, 2007. In a Utilization Review report dated August 20, 2015, the claims administrator failed to approve requests for Neurontin and tizanidine. The claims administrator referenced an RFA form received on August 13, 2015 and an associated progress note of the same date in its determination. The applicant's attorney subsequently appealed. On September 14, 2015, it was stated that the applicant was working part-time in the social history section of the note. The applicant presented to obtain medication refills. The applicant had undergone multiple foot and ankle surgeries, it was reported. The treating provider maintained that the applicant's medications, which included Neurontin, Vicodin, tizanidine and Voltaren gel, were facilitating his working on a full-time basis as a construction worker. The applicant stated that his medications were appropriately attenuating his pain complaints and ameliorating his ability to perform physical work. Norco and tizanidine were renewed on this date. The stated diagnoses were those of calcaneal fracture, ankle arthritis, and chronic pain syndrome. The applicant's pain complaints were seemingly confined to the foot and ankle. There was no seeming mention of the applicant is having issues with back pain and muscles spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Gabapentin 300mg #60 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Yes, the request for gabapentin, an anticonvulsant adjuvant medication, was medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on gabapentin should be asked "at each visit" as to whether there have been improvements in pain/or function achieved as a result of the same. Here, the attending provider stated on September 14, 2015, the applicant's ability to perform physical work, work on a full-time basis in the construction industry, stand, walk, etc., had all been ameliorated as a result of ongoing medication consumption. The applicant's pain scores were likewise appropriately attenuated with ongoing gabapentin usage, the treating provider, the treating provider contended on that date. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

1 prescription of Tizanidine 2mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Conversely, the request for tizanidine (Zanaflex) 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 but can be employed for unlabeled use for low back pain, here, however, there was no mention of the applicant's having any issues with low back pain present on the September 14, 2015 office visit at issue. While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does support a usage of tizanidine or Zanaflex to treat myofascial pain syndrome and/or fibromyalgia, here, again, the September 14, 2015 office visit suggested that the applicant's pain complaints were confined to the ankles and legs. There was no seeming mention of issues with fibromyalgia, myofascial pain syndrome, low back pain and/or spasticity for which tizanidine or Zanaflex could have been considered, per page 66 of the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Guideline in ACOEM Chapter 3, page 47 further stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, however, the attending provider's September 14, 2015 office visit did not clearly state for what issue, diagnosis, purpose, and/or symptom tizanidine had been employed. Therefore, the request was not medically necessary.