

Case Number:	CM15-0202685		
Date Assigned:	10/19/2015	Date of Injury:	10/03/2013
Decision Date:	12/04/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/14/2015

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 of chronic neck pain reportedly associated with an industrial injury of October 3, 2013. In multiple Utilization Review reports dated September 17, 2015, the claims administrator failed to approve requests for Voltaren gel, Norco, and tizanidine. The applicant's attorney subsequently appealed. On a handwritten office visit dated July 13, 2015, difficult to follow, not entirely legible, the applicant reported multifocal complaints of neck and low back pain, 6/10 pain. The note was very difficult to follow, not entirely legible. A rather proscriptive 3-pound lifting limitation was endorsed. Acupuncture was sought. No seeming discussion of medications efficacy transpired. It was not clearly stated whether the applicant was or was not working with said 3 pound lifting limitation in place, although this did not appear to be the case. On September 12, 2015, the applicant reported a 5-8/10 neck pain complaints with applicant receiving epidural steroid injection in the past without some successfully repeat cervical epidural injection therapy and occipital nerve blocks were sought. The applicant's work status was not furnished. Medication list with medication efficacy, once again, were not discussed or detailed. On August 20, 2015, the applicant reported ongoing complaints of neck pain, myalgias, back pain, and headaches. The applicant was apparently using tramadol and Robaxin, it was stated on this date. Once again, the applicant's work status was not detailed. On a handwritten note dated August 28, 2015, same, unchanged, rather proscriptive 3-pound lifting limitation was imposed while Norco, Voltaren gel, tizanidine, and Lyrica were seemingly renewed and/or continued. Once again, the note was handwritten, thinly and sparse developed, and very difficult to follow. It was not clearly stated

whether the applicant was or was not working with said 3-pound lifting limitation, although this did not appear to be the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren Gel 1%, 3 tubes for the head/cervical spine: Upheld

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): Topical Analgesics.

Decision rationale: No, the request for Voltaren gel was not medically necessary, medically appropriate, or indicated here. The primary pain generator here was the cervical spine. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical Voltaren, i.e., the article at issue here, has "not been evaluated" for treatment of the spine. Here, the attending provider did not furnish a clear or compelling rationale for provision of topical Voltaren for a body part for which it has not been evaluated, per 112 of the MTUS Chronic Pain Medical Treatment Guidelines. The handwritten August 28, 2015 office visit was thinly and sparsely developed and did not incorporate any seeming discussion of medication list or medication efficacy. Therefore, the request is not medically necessary.

Norco 10/325 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Similarly, the request for Norco, a short-acting opioid, was likewise 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 as a result of the same. Here, however, the applicant did not appear to be working with a rather proscriptive 3-pound lifting limitation in place. The treating provider suggested (but did not clearly state) on the August 28, 2015 office visit at issue. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of Norco usage on that date. Therefore, the request is not medically necessary.

Tizanidine 4 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

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

Decision rationale: Finally, the request for tizanidine (Zanaflex) 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 seemingly 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 so as to ensure progress and so as to manage expectations. Here, a rather proscriptive 3-pound lifting limitation was imposed on the August 28, 2015 office visit at issue. It did not appear that the applicant was working with said limitation in place. Ongoing usage of tizanidine failed to curtail the applicant's dependence on opioid agents such as Norco. Therefore, the request is not medically necessary.