

Case Number:	CM15-0204280		
Date Assigned:	10/21/2015	Date of Injury:	07/13/2012
Decision Date:	12/08/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/19/2015

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 low back pain (LBP) reportedly associated with an industrial injury of July 30, 2012. In a Utilization Review report dated October 7, 2015, the claims administrator failed to approve requests for tizanidine and Naprosyn. The claims administrator referenced an RFA form received on September 30, 2015 in its determination. The applicant's attorney subsequently appealed. On September 30, 2015 the applicant reported ongoing complaints of low back, neck, mid back, and bilateral shoulder pain with derivative complaints of headaches and psychological stress. 8/10 pain complaints were reported. The applicant was no longer working and had reportedly retired, the treating provider reported. Naprosyn and tizanidine were renewed, without any seeming discussion of medication efficacy. On August 31, 2015, the attending provider sought authorization for replacement TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4 mg Qty 60 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 General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain), Introduction.

Decision rationale: No, the request for tizanidine, an anti-spasmodic medication, was not medically necessary, medically appropriate, or indicated here. 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. Here, however, the applicant was no longer working and had reportedly retired, as stated on September 17, 2015 office visit. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing tizanidine usage. Pain complaints as high as 8/10 were evident, the treating provider reported on September 17, 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.

Naproxen 550 mg Qty 60 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 General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications, Introduction.

Decision rationale: Similarly, the request for Naprosyn, an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. Page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represent the traditional first-line treatment for various chronic pain conditions, including the chronic back pain reportedly 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, 8/10 pain complaints were reported on September 17, 2015. The applicant was off of work and had reportedly retired, the treating provider stated on that date. Ongoing usage of Naprosyn failed to curtail the applicant dependence on other modalities such as physical therapy. 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.