

Case Number:	CM15-0035153		
Date Assigned:	03/03/2015	Date of Injury:	02/23/2004
Decision Date:	04/15/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/24/2015

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 61-year-old [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of February 23, 2004. In a utilization review report dated January 29, 2015, the claims administrator failed to approve/partially approve a request for OxyContin, Synovacin, and Promolaxin. Protonix and Norco, however, were seemingly approved. A January 15, 2015 RFA form and associated progress note of December 17, 2014 were referenced in the determination. The applicant's attorney subsequently appealed. In a December 17, 2014 pain management progress note, the applicant reported multifocal complaints of low back, neck, upper extremity, knee, hip, and shoulder pain with associated upper and lower extremity paresthesias. The applicant had undergone left and right knee meniscectomy surgeries and also undergone several lumbar epidural steroid injections. Norco, Protonix, Synovacin (glucosamine), tizanidine, and Colace were endorsed. 7/10 pain complaints were noted. The applicant reported standing and walking remained problematic. The attending provider stated that the applicant would be unable to perform activities of self-care and personal hygiene without his medications. The applicant's work status was not clearly outlined, although it did not appear that the applicant was working. An earlier progress note of July 30, 2014 likewise made no mention of the applicant's work status. On September 25, 2014, it was stated that the applicant was still having difficulty walking. The applicant had alleged development of shoulder pain secondary to protracted usage of assistive devices.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 60mg #180 no NDC code no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

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

Decision rationale: No, the request for OxyContin, a long-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 as a result of the same. Here, however, the applicant was seemingly off work as of the date of the request. The applicant continues to report pain complaints as high as 7/10, despite ongoing opioid usage, including ongoing OxyContin usage. The applicant continues to report difficulty-performing activities of daily living as basic as standing and walking, the treating provider further noted on several occasions in late 2014. The applicant's commentary to the effect that he would be unable to do activities of self-care and/or personal hygiene without his medication does not, in and of itself, constitute evidence of meaningful, material, and/or significant improvement affected because of ongoing OxyContin usage. Therefore, the request was not medically necessary.

Synovacin #120 no refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: Conversely, the request for Synovacin (glucosamine) was medically necessary, medically appropriate, and indicated here. The attending provider stated that he was intent on employing Synovacin (glucosamine) for issues with arthritis status post left and right knee surgeries. The applicant was 61 years old and had undergone both left and right knee surgeries, certainly making osteoarthritis of the knees the most plausible operating diagnosis. Page 50 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that glucosamine is recommended for arthritis pain, especially pain associated with knee arthritis, given its low risk. Therefore, the request was medically necessary.

Tizanidine #120 no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-sedating Muscle relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: Conversely, the request for tizanidine, an antispasmodic medication, 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 off label 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 to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was seemingly off work. The applicant's work status was not clearly outlined as of the date of the request. Ongoing usage of tizanidine had failed to curtail the applicant's dependence on opioid agents such as OxyContin and Norco. The applicant continued to report difficulty with even basic activities of daily living such as standing and walking. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20(f), despite ongoing usage of tizanidine. Therefore, the request was not medically necessary.