MAXIMUS Federal Services

Case Number:	CM15-0038263		
Date Assigned:	03/06/2015	Date of Injury:	01/10/2003
Decision Date:	04/23/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/02/2015

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 74-year-old who has filed a claim for chronic mid back pain, low back pain, and shoulder pain reportedly associated with an industrial injury of January 10, 2003. In a Utilization Review Report dated February 5, 2015, the claims administrator failed to approve requests for Duragesic, Norco, and tizanidine. A November 21, 2014 progress note was referenced in the determination.The applicant's attorney subsequently appealed. In a handwritten note dated November 21, 2014, difficult to follow, not entirely legible, the applicant reported ongoing complaints of chronic hip, low back, and mid back pain status post total hip replacement surgeries. The note was extremely difficult to follow. The applicant was given refills of tizanidine, Duragesic, and Norco, without any explicit discussion of medication efficacy. The applicant's work status was not detailed. Norco, tizanidine, and Duragesic were subsequently refilled on January 15, 2015. On January 15, 2015, the applicant's work status, once again, was not clearly detailed. The attending provider stated that the applicant's pain complaints were well controlled with medications but did not elaborate further.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl Patch 50mcg #15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: No, the request for fentanyl (Duragesic), 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's work status was not detailed on multiple office visits, referenced above, including on a handwritten note dated January 15, 2015, suggesting that the applicant was not, in fact, working. While the attending provider did state in said handwritten progress note of January 15, 2015 that the applicant was deriving appropriate analgesia from ongoing medication consumption, this was not quantified, elaborated, or expounded upon. The attending provider failed to outline any quantifiable decrements in pain or material, meaningful, and/or significant improvements in function effected as a result of ongoing fentanyl usage (if any). Therefore, the request was not medically necessary.

Hydrocodone/APAP 7.5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

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

Decision rationale: Similarly, the request for hydrocodone-acetaminophen (Norco), a short-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's work status was not clearly outlined on several progress notes, referenced above, including on January 15, 2015, suggesting that the applicant was not, in fact, working. The attending provider failed to outline any quantifiable decrements in pain or material, meaningful improvements in function affected as a result of ongoing Norco usage on said January 15, 2015 progress note. Therefore, the request was not medically necessary.

Tizanidine 4mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS:Tizanidine (Zanaflex, generic available); Functional Restoration Approach to Chronic Pain Management Page(s): 66; 7.

Decision rationale: Finally, the request for tizanidine (Zanaflex), an NSAID spasmodic 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/is 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 attending provider's handwritten progress notes, including the January 15, 2015 progress note at issue, contained little-to-no mention of discussion of medication efficacy. The applicant's work and functional status were not clearly outlined. The attending provider failed to outline any quantifiable decrements in pain affected as a result of ongoing tizanidine usage (if any). Ongoing usage of tizanidine had failed to curtail the applicant's dependence on opioid agents such as Duragesic and Norco. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of tizanidine. Therefore, the request was not medically necessary.