

Case Number:	CM15-0049917		
Date Assigned:	04/17/2015	Date of Injury:	10/19/1990
Decision Date:	07/02/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/16/2015

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 63-year-old who has filed a claim for chronic low back pain with derivative complaints of depression and anxiety reportedly associated with an industrial injury of October 19, 1990. In a Utilization Review report dated February 12, 2015, the claims administrator failed to approve requests for Duragesic, Vicodin, Motrin, and tizanidine. A RFA form received on January 30, 2015 and an associated progress note of January 29, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. In a RFA form dated April 2, 2015, Duragesic, Norco, and tizanidine were sought. In an associated progress note dated March 30, 2015, the applicant reported ongoing complaints of low back pain, 5-6/10, with associated radiation of pain to the right leg. The applicant could neither stand nor cook, it was reported. The applicant was having difficulty moving about. The applicant was apparently trying to pursue a functional restoration program. Derivative complaints of depression and anxiety were reported. The applicant was not working with permanent restrictions in place, it was acknowledged. Duragesic, Vicodin, tizanidine, Cymbalta, and an H-Wave device were continued and/or renewed. The applicant was asked to consult a pain management specialist. In one section of the note, it was stated that the applicant's pain complaints were 5-6/10 without medications versus 1/10 with medications. In a February 26, 2015 progress note, essentially identical to the subsequent note of March 30, 2015, the applicant again reported ongoing complaints of low back pain, 5-6/10 without medications versus 1/10 with medications. Standing, walking, and cooking remained problematic, it was reported. The applicant was apparently using an ankle brace to move about, it was reported. The applicant reported heightened depressive symptoms. The applicant was asked to continue and/or given renewals of Duragesic, Vicodin, tizanidine, Cymbalta, and an H-Wave device. The applicant's permanent work restrictions, once again, were renewed. It was acknowledged that the applicant was not working, however, with said permanent limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Duragesic patch 25mcg/72 hours: Upheld

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

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

Decision rationale: No, the request for 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 was off of work, it was suggested on progress notes of February 26, 2015 and March 30, 2015, referenced above. While the attending provider did recount some reported reduction in pain scores from 5-6/10 without medications to 1/10 with medications, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful or material improvements in function (if any) effected as a result of ongoing opioid usage. The applicant's continued reports of difficulty performing activities of daily living as basic as standing, walking, and cooking, coupled with her failure to return to work, did not make a compelling case for continuation of opioid therapy with Duragesic. Therefore, the request was not medically necessary.

60 Vicodin 5/325mg: Upheld

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

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

Decision rationale: Similarly, the request for Vicodin, 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 was off of work, it was suggested on progress notes of March 30, 2015 and February 26, 2015, referenced above. While the attending provider did recount some reported reduction in pain scores from 5-6/10 without medications to 1/10 with medications, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's reports that the applicant was having continued difficulty performing activities of daily living as basic as standing, walking, and cooking, despite ongoing opioid consumption. Therefore, the request was not medically necessary.

90 Ibuprofen 600mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: Similarly, the request for ibuprofen, an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as ibuprofen do represent a traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly 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 “efficacy of medication” into his choice of recommendations. Here, however, the applicant was off of work, despite ongoing ibuprofen usage. Ongoing usage of ibuprofen failed to curtail the applicant's dependence on opioid agents such as Norco and Duragesic. Ongoing usage of ibuprofen failed to ameliorate the applicant's ability to perform activities of daily living as basic as standing, walking, and cooking. Permanent work restrictions were renewed, seemingly unchanged, from visit to visit, despite ongoing ibuprofen usage. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of ibuprofen. Therefore, the request was not medically necessary.

1 Year supply of tizanidine 2mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex, generic available) Page(s): 66.

Decision rationale: Finally, the request for tizanidine, an antispasmodic medication, 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 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 efficacy of medication into his choice of recommendations. Here, however, the applicant was off of work, despite ongoing tizanidine usage. Ongoing usage of tizanidine failed to curtail the applicant's dependence on opioid agents such as Duragesic and Norco. The applicant's work restrictions were renewed, unchanged, from visit to visit, despite ongoing usage of tizanidine. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of tizanidine. Therefore, the request was not medically necessary.