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| Case Number: | CM15-0231718 | | |
| Date Assigned: | 12/07/2015 | Date of Injury: | 04/27/2015 |
| Decision Date: | 01/14/2016 | UR Denial Date: | 11/10/2015 |
| Priority: | Standard | Application Received: | 11/24/2015 |

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 [REDACTED] who has filed a claim for chronic low back, shoulder, arm, and neck pain reportedly associated with an industrial injury of April 27, 2015. In a Utilization Review report dated November 10, 2015, the claims administrator failed to approve requests for Ultracet, Zanaflex, and 8 sessions of acupuncture. An October 26, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On said October 26, 2015 office visit, the applicant reported ongoing issues with chronic neck and shoulder pain. The applicant had received 3 shoulder corticosteroid injections, the treating provider reported 8/10 pain without medications versus 6/10 pain with medications was reported. The applicant was on Ultracet, Lodine, and Zanaflex, the treating provider reported in one section of the note. In another section of the note, the treating provider stated that Zanaflex was being introduced on this date of service. Acupuncture was sought, reportedly on a trial basis. Ultracet and Zanaflex were endorsed, with multiple refills. In another section of the note, the treating provider stated that the applicant had been receiving Zanaflex from a prior prescriber. A rather proscriptive 10-pound lifting limitation was imposed. It was not clearly stated whether the applicant was or was not working with said 10-pound lifting limitation in place, although this did not appear to be the case. On an earlier note dated September 28, 2015, Ultracet, Lodine, and Lyrica were all prescribed and/or dispensed. The treating provider stated that the applicant was working full time. The treating provider stated that the applicant was deriving appropriate analgesia as a result of ongoing medication consumption. The treating provider stated that analgesia with Lyrica and Lodine was insufficient and that the applicant needed Ultracet for

more definitive pain relief purposes. The treating provider again contended that the applicant was working full time with said 10-pound lifting limitation in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tablets Of Ultracet 37.5/325 Mg With 2 Refills: Overturned

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): Opioids, criteria for use.

Decision rationale: Yes, the request for Ultracet, a synthetic opioid, was medically necessary, medically appropriate, and indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the primary 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, the applicant had achieved and/or maintained successful return-to-work status with ongoing Ultracet usage, the treating provider reported on multiple dates of service, referenced above. The applicant was deriving appropriate analgesia from the same, the treating provider reported. Multiple progress notes, referenced above, all stated that the applicant was working on a full-time basis. The treating provider maintained that ongoing usage of Ultracet was in fact facilitating the same. Therefore, the request was medically necessary.

60 Tablets Of Zanaflex 4 Mg With 2 Refills: 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): Medications for chronic pain, Muscle relaxants (for pain).

Decision rationale: Conversely, the request for Zanaflex (tizanidine) 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 for unlabeled use for low back pain, as was seemingly present here, this recommendation is, however, qualified by commentary made on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that the analgesic effects of a particular medication should "show effects within 1-3 days." Here, thus, the request for 60 tablets of Zanaflex with 2 refills, thus, represented treatment at odds with page 60 of the MTUS Chronic Pain Medical Treatment Guidelines. It was not clearly stated why such a lengthy, protracted course of Zanaflex was endorsed on what was framed as a first-time basis. Therefore, the request was not medically necessary.

8 Sessions Of Acupuncture For The Neck And Upper Extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Finally, the request for 8 sessions of acupuncture was likewise not medically necessary, medically appropriate, or indicated here. While the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1a acknowledge that acupuncture can be employed for a wide variety of purposes, including in the chronic pain context present here, this recommendation is, however, qualified by commentary made in MTUS 9792.24.1.c1 to the effect that the time deemed necessary to produce functional improvement following introduction of acupuncture is 3-6 treatments. Here, thus, the request for 8 initial sessions of acupuncture, thus, was at odds with the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.c1. Therefore, the request was not medically necessary.