

Case Number:	CM14-0085256		
Date Assigned:	08/04/2014	Date of Injury:	11/16/2009
Decision Date:	09/29/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	06/07/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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] employee who has filed a claim for chronic neck pain, upper back pain, elbow pain, wrist pain, hand pain, and low back pain reportedly associated with an industrial injury of November 16, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and muscle relaxants. In a Utilization Review Report dated May 8, 2014, the claims administrator approved a request for quarterly drug testing, approved a request for Prilosec, approved a quarterly basic metabolic panel, and approved a quarterly hepatic function panel while denying Naprosyn, tizanidine, quarterly CPK, quarterly CRP, quarterly arthritis panel, and a quarterly CBC. The applicant's attorney subsequently appealed. In a progress note dated January 6, 2014, the applicant presented with multifocal neck, mid back, and low back pain complaints with derivative complaints of anxiety and depression. The applicant was already permanent and stationary, it was noted. The applicant was apparently not working with limitations in place, it was noted. Naprosyn, Prilosec, quarterly labs and quarterly point of care testing were endorsed. There was no discussion of medication efficacy. In a request for authorization form dated January 6, 2014, the attending provider also sought authorization for tizanidine along with the quarterly laboratory testing, Naprosyn, and omeprazole. It was stated that omeprazole was being issued for gastric protective purposes, it is incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory Medications topic. MTUS 9792.20f Page(s): 22; 7.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that antiinflammatory medications such as Naprosyn do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is 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. In this case, the fact that the applicant is off of work and has permanent work restrictions which remained in place, seemingly unchanged, from visit to visit, suggests a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of Naprosyn. The attending provider has not established or described any tangible decrements in pain or improvements in function achieved as a result of ongoing Naprosyn usage, moreover. Therefore, the request is not medically necessary.

Tizanadine 4 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine/Zanafle section. MTUS 9792.20f Page(s): 66; 7.

Decision rationale: While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine is FDA approved in the management of spasticity and can be employed off label for low back pain, as is present here, this recommendation is 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. In this case, the attending provider has failed to recount or describe any tangible improvements in function or material decrements in pain achieved as a result of ongoing tizanidine usage. The attending provider has failed to incorporate any discussion of medication efficacy into his decision to renew tizanidine. The fact that the applicant is off of work, with unchanged permanent work restrictions being renewed from visit to visit does, moreover, suggest a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing tizanidine usage. Therefore, the request is not medically necessary.

Quarterly laboratory test: CPK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment: Labs Page(s): 23, 64.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 9, page 208 does note that testing for autoimmune diseases, such as the CPK at issue here, can be useful to screen for inflammatory autoimmune sources of joint pain, ACOEM qualifies the recommendation on page 208 by noting that these tests should be used to confirm clinical impressions, rather than purely as screening tests in a "shotgun" attempt to identify the source of an applicant's complaints. In this case, the applicant has nonspecific multifocal pain complaints. There is no evidence of any inflammatory arthropathy which would warrant a one-time CPK test, let alone the quarterly testing being sought here. Therefore, the request is not medically necessary.

Quarterly laboratory test: CRP: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208, Chronic Pain Treatment Guidelines Treatment: Labs Page(s): 23, 64.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 9, page 208 does acknowledge that tests for autoimmune diseases, such as the CRP test at issue here, can be useful to screen for inflammatory autoimmune sources of joint pain, ACOEM qualifies the recommendation by noting that these tests should be used to confirm clinical impressions as opposed to purely as screening tests in a "shotgun" attempt to clarify reasons for unexplained pain complaints. In this case, the applicant has nonspecific multifocal pain complaints, reportedly attributed to myofascial pain syndrome. There was no clearly voiced suspicion of any inflammatory arthropathy or autoimmune disease which would warrant one CRP test, let alone the quarterly testing being sought here. Therefore, the request is not medically necessary.

Quarterly laboratory test: Arthritis panel: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Treatment: Labs Page(s): 23, 64.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 9, page 208 does support testing for autoimmune diseases, such as the arthritis panel at issue here in applicants in whom inflammatory or autoimmune sources of joint pain are suspected, in this case, however, the applicant's multifocal pain complaints have been attributed to a myofascial pain syndrome. There is no evidence of any inflammatory arthropathy for which a one-time arthritis panel would

be indicated, let alone the quarterly arthritis panel being sought by the attending provider. Therefore, the request is not medically necessary.

Quarterly laboratory test: CBC: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment: Labs Page(s): 23, 64.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

Decision rationale: While the the MTUS Guideline in ACOEM Chapter 9, page 208 does note that CBC testing can be useful to screen for inflammatory autoimmune sources of joint pain, ACOEM qualifies the recommendation by noting that such testings should be used to confirm clinical impressions as opposed to purely as a screening test. In this case, there was no evidence or suspicion of any autoimmune or inflammatory arthropathy present here. All information on file points to the applicant's having nonspecific, widespread multifocal pain complaints secondary to myofascial pain syndrome. Thus, there is no support for the quarterly CBC testing being sought here as there is no evidence that the applicant has any kind of inflammatory arthropathy or autoimmune disease process. Therefore, the request is not medically necessary.