

Case Number:	CM14-0199124		
Date Assigned:	12/09/2014	Date of Injury:	05/12/2003
Decision Date:	02/12/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/26/2014

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] beneficiary who has filed a claim for chronic neck, shoulder, low back, and elbow pain reportedly associated with an industrial injury of March 12, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; psychotropic medications; adjuvant medications; earlier lumbar spine surgery; earlier elbow and shoulder surgeries; and extensive periods of time off of work. In a utilization review report dated October 29, 2014, the claims administrator failed to approve requests for tizanidine, Norco, and TENS unit supplies. The claims administrator referenced a variety of MTUS and non-MTUS Guidelines in its determination. Lyrica and Effexor, incidentally noted, were approved. The applicant's attorney subsequently appealed. In a November 21, 2014 progress note, the applicant reported persistent complaints of neck pain, shoulder pain, hand pain, knee pain, and low back pain. The applicant had exhausted her TENS unit supplies. The attending provider stated that usage of the TENS unit was decreasing the applicant's pain complaints and reportedly increasing the applicant's sitting tolerance. The attending provider stated that Effexor was augmenting the applicant's mood. The attending provider stated that the applicant believed that carisoprodol was attenuating the applicant's complaints of muscle spasm. The applicant was using Norco three times daily and was also using Lyrica for reported neuropathic pain. The attending provider posited that the applicant would be bedridden without her opioids and also stated that the applicant's ability to shower and bathe herself was ameliorated as a result of ongoing opioid therapy. Robaxin and Norco were endorsed. Tizanidine was discontinued on the grounds that it was not helping in generating appropriate sedation. The attending provider also sought authorization for TENS unit electrodes, noting that the applicant had benefited from ongoing TENS unit usage over the past two years.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit Supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS Page(s): 116.

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, purchase of a TENS unit and, by implication, provision of associated supplies should be predicated on evidence of a favorable outcome during an earlier one-month trial of said TENS unit, in terms of both pain relief and function. Here, however, the applicant is seemingly off of work. While the attending provider did report some reduction in pain scores reportedly achieved as a result of the TENS unit, this is, however, outweighed by the attending provider's failure to outline any meaningful improvements in function achieved as a result of ongoing usage of a TENS unit. The attending provider's commentary that the applicant's usage of a TENS unit had increased her sitting tolerance does not, in and of itself, constitute evidence of substantive or meaningful improvement in function achieved as a result of the TENS unit and is, furthermore, seemingly outweighed by the applicant's failure to return to work and the failure of the TENS unit to reduce the applicant's dependence on opioid agents such as Norco, all of which, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20(f), despite ongoing usage of the same. Therefore, the request is not medically necessary.

Hydrocodone/APAP 10/325 mg #90 1/2-1 tab every 4-6 hrs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

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

Decision rationale: 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/is off of work, it was seemingly suggested above. While the attending provider did report some reduction in pain levels with ongoing medication consumption, this is, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful improvement in function achieved as a result of ongoing opioid therapy. The attending provider's commentary to the effect that the applicant would be bedridden without her medications is not, in and of itself, constitute evidence of substantive or meaningful improvement achieved as a result of the same. Similarly, the attending provider's commentary to the effect that the applicant's ability to perform activities of self-care, such as bathing and dressing herself, likewise does not constitute evidence of

meaningful or material benefit derived as a result of ongoing opioid therapy. Therefore, the request is not medically necessary.

Tizanidine HCL 4mg 1 every 8 hrs: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

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

Decision rationale: 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 and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "side effects" into his choice of recommendations. Here, the applicant should incorporate some discussion of "efficacy of medications" and "side effects" into his choice of recommendations. Here, the attending provider ultimately reached a conclusion that ongoing usage of Tizanidine was not, in fact, beneficial and was, moreover, generating intolerable adverse effects such as sedation. Furthermore, the applicant's failure to return to work and the failure of Tizanidine to curtail the applicant's dependence on opioid agents such as Norco suggested a lack of functional improvement as defined in MTUS 9792.20(f), despite ongoing usage of the same. Continuing the same, on balance, was not, thus, indicated. Therefore, the request is not medically necessary.