

Case Number:	CM14-0210030		
Date Assigned:	12/23/2014	Date of Injury:	03/12/2012
Decision Date:	03/04/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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, Ohio, 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] employee who has filed a claim for chronic low back and wrist pain reportedly associated with an industrial injury of March 12, 2012. In a Utilization Review Report dated December 9, 2014, the claims administrator denied requests for tizanidine, diclofenac, Norco, and Protonix. The claims administrator referenced a December 2, 2014 progress note in its determination. The applicant's attorney subsequently appealed. In a Medical-legal Evaluation of August 28, 2014, the medical-legal evaluator acknowledged that the applicant was no longer working after having previously worked as a school bus driver and a charter bus driver. Persistent complaints of low back pain were noted. Permanent work restrictions were imposed. The applicant was described as unable to return to her former employment. On October 7, 2014, permanent work restrictions were renewed. The applicant reported a flare in low back and left leg pain. Norco, tizanidine, diclofenac, and Protonix were sought. A two-month supply of each drug was furnished. The attending provider stated that the applicant's medications were beneficial but did not elaborate further. On July 10, 2014, the applicant again reported worsening low back and leg pain. The applicant presented to obtain medication refills. Tizanidine, diclofenac, Protonix, and Norco were endorsed. The attending provider again stated that these medications were beneficial but did not elaborate further. The remainder of the file was surveyed. The December 2, 2014 progress note which the claims administrator based its determination on was not incorporated into the Independent Medical Review packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 2mg, per 12/2/14 PR2 Qty: 30.00.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG-TWC)

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: 1. The request for 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 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, the applicant is off of work. Permanent work restrictions remain in place, unchanged, from visit to visit. Ongoing usage of tizanidine has failed to curtail the applicant's dependence on opioid agents such as Norco. The attending provider failed to outline any quantifiable decrements in pain and/or material improvements in function achieved as a result of ongoing tizanidine usage. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of tizanidine. Therefore, the request was not medically necessary.

Refill of Tizanidine 2mg, per 12/2/14 PR2 Qty: 30.00.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG-TWC)

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: 2. The request for 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 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, the applicant is off of work. Permanent work restrictions remain in place, unchanged, from visit to visit.

Ongoing usage of tizanidine has failed to curtail the applicant's dependence on opioid agents such as Norco. The attending provider failed to outline any quantifiable decrements in pain and/or material improvements in function achieved as a result of ongoing tizanidine usage. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of tizanidine. Therefore, the request was not medically necessary.

Diclofenac 75mg, per 12/2/14 PR2 Qty: 30.00.: 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 Functional Restoration Approach to Chronic Pain Management Page(s).

Decision rationale: 3. Similarly, the request for diclofenac, 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 diclofenac 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, 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, the applicant was/is off of work, despite ongoing diclofenac usage. Ongoing usage of diclofenac failed to curtail the applicant's dependence on opioid agents such as Norco. While the attending provider's progress note of October 7, 2014 stated that the applicant was benefiting from medication consumption, this was neither elaborated nor expounded upon. The attending provider did not outline any quantifiable decrements in pain achieved as a result of ongoing diclofenac usage, nor did the attending provider outline any specific functionalities improved as a result of ongoing diclofenac usage. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of diclofenac. Therefore, the request was not medically necessary.

Refill of Diclofenac 75mg, per 12/2/14 PR2 Qty: 30.00.: 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 Functional Restoration Approach to Chronic Pain Management Page(s).

Decision rationale: 4. Similarly, the request for diclofenac, 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 diclofenac 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, 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, the applicant was/is off of work, despite ongoing diclofenac usage. Ongoing usage of diclofenac failed to curtail the applicant's dependence on opioid agents such as Norco. While the attending provider's progress note of October 7, 2014 stated that the applicant was benefiting from medication consumption, this was neither elaborated nor expounded upon. The attending provider did not outline any quantifiable decrements in pain achieved as a result of ongoing diclofenac usage, nor did the attending provider outline any specific functionalities improved as a result of ongoing diclofenac usage. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of diclofenac. Therefore, the request was not medically necessary.

Norco 7.5/325mg, per 12/2/14 PR2 Qty: 60.00.: Upheld

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

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

Decision rationale: 5. Similarly, the request for Norco, 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, the applicant was/is off of work, despite ongoing Norco usage. The attending provider failed to outline any quantifiable decrements in pain and/or material improvements in function achieved as a result of ongoing Norco usage. The applicant apparently presented, furthermore, on office visits of October 7, 2014 and July 10, 2014, referenced above, reporting worsening pain complaints. The documentation on file, in short, did not establish the presence of any quantifiable decrements in pain and/or material improvements in function achieved as a result of ongoing Norco usage, although it was acknowledged that the December 2, 2014 progress note in which the article in question was sought was not incorporated into the Independent Medical Review packet. The information which was on file, however, failed to support or substantiate the request. Therefore, the request was not medically necessary.

Protonix 40mg, per 12/2/14 PR2 Qty: 30.00.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG-TWC)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Functional Restoration Approach to Chronic Pain M.

Decision rationale: 6. Similarly, the request for Protonix, a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Protonix are indicated in the treatment of NSAID-induced dyspepsia or, by analogy, the mild stand-alone dyspepsia 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 medication efficacy into his choice of recommendations. Here, however, the attending provider simply stated that mild dyspepsia was one of the stated diagnoses on office visits of July 10, 2014 and October 7, 2014, referenced above. The attending provider did not describe any residual symptoms of reflux in the body of the report or in the review of symptoms section of the same. The attending provider did not clearly state whether or not ongoing usage of Protonix was or was not attenuating residual symptoms of dyspepsia (if any). Therefore, the request was not medically necessary.

Refill of Protonix 40mg, per 12/2/14 PR2 Qty: 30.00.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG-TWC)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic; Functional Restoration Approach to Chronic P.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Protonix are indicated in the treatment of NSAID-induced dyspepsia or, by analogy, the mild stand-alone dyspepsia 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 medication efficacy into his choice of recommendations. Here, however, the attending provider simply stated that mild dyspepsia was one of the stated diagnoses on office visits of July 10, 2014 and October 7, 2014, referenced above. The attending provider did not describe any residual symptoms of reflux in the body of the report or in the review of symptoms section of the same. The attending provider did not clearly state whether or not ongoing usage of Protonix was or was not attenuating residual symptoms of dyspepsia (if any). Therefore, the request is not medically necessary.