

Case Number:	CM14-0092747		
Date Assigned:	07/25/2014	Date of Injury:	12/02/2002
Decision Date:	07/02/2015	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/19/2014

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, 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 69-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of December 2, 2002. In a Utilization Review report dated June 11, 2014, the claims administrator failed to approve requests for omeprazole, Ultracet, tizanidine, and Voltaren gel. The claims administrator referenced a progress note of May 16, 2014 and associated prescription form of the same date in its determination. The applicant's attorney subsequently appealed. On April 2, 2014, the applicant reported ongoing complaints of neck pain radiating into the bilateral arms. Ancillary complaints of shoulder pain and upper extremity paresthesias were reported. The applicant was using a walker to move about. The applicant expressed concerns over falling. The applicant was using Ultracet, tizanidine, Prilosec, and Ativan at this point, it was reported. The applicant's review of systems was reportedly unchanged, it was stated. Multiple medications were renewed. A replacement walker with seat was sought. There was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia on this date. In a RFA form dated July 18, 2014, tizanidine, Ultracet, Voltaren gel, Prilosec, and a follow-up office visit were sought. In an associated progress note of July 18, 2014, the applicant reported ongoing complaints of neck pain radiating into the bilateral hands with attendant upper extremity paresthesias. The applicant was status post recent cervical epidural steroid injection. The applicant was having issues with standing and walking, it was reported and was stumbling at times. The applicant's medications included Ultracet, Celebrex, tizanidine, Prilosec, and Voltaren gel, it was reported. The applicant was 69 years old on this date, it was stated. Multiple medications were renewed. The applicant was given stated diagnosis of degenerative disease of the cervical and lumbar spines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg, #120: Upheld

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

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

Decision rationale: No, the request for Ultracet, a synthetic 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 seemingly off of work and was not working, it was suggested (but not clearly stated) on multiple office visits, referenced above. The applicant was having difficulty performing activities of daily living as basic as standing and walking and was seemingly using a walker on or surrounding the date in question, it was suggested above. The attending provider's July 18, 2014 progress note stated that any kind of activity was worsening the applicant's pain complaints. The attending provider failed to outline meaningful or material improvements in function or quantifiable decrements in pain effected as a result of ongoing Ultracet usage (if any). Therefore, the request was not medically necessary.

Omeprazole 20mg, #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: Conversely, the request for omeprazole, a proton pump inhibitor, was medically necessary, medically appropriate, and indicated here. Here, it appeared that the applicant was given omeprazole for gastric protective effect as opposed to for actual symptoms of reflux. Here, it did appear that the applicant met criteria set forth on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines for prophylactic usage of proton pump inhibitors. Namely, the applicant was 65 years of age or greater (age 69) and using Celebrex, an anti-inflammatory medication. Concurrent provision of omeprazole for gastric protective effect was, thus, indicated. Therefore, the request was medically necessary.

Tizanidine 4mg, #60: Upheld

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

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

Decision rationale: Conversely, the request for tizanidine (Zanaflex) 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 and hot flashes 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, as suggested above, whether as a result of age (69) or as a function of chronic pain issues. The applicant was able to perform activities as basic as standing and walking. Ongoing usage of tizanidine failed to curtail the applicant's dependence on opioid agents such as Ultracet. 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.

Voltaren Gel 1%, #3 tubes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac) Page(s): 112.

Decision rationale: Finally, the request for Voltaren gel was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren has not been evaluated in the treatment of the spine, hip, and/or shoulder. Here, the applicant's primary pain generators were, in fact, the cervical spine and lumbar spine, i.e., body parts for which topical Voltaren has not been evaluated. It was further noted that the applicant's ongoing usage of numerous first-line oral pharmaceuticals effectively obviated the need for the Voltaren gel at issue. Therefore, the request was not medically necessary.