

Case Number:	CM15-0015075		
Date Assigned:	02/03/2015	Date of Injury:	03/21/2011
Decision Date:	03/26/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/27/2015

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, 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] beneficiary who has filed a claim for myofascial pain syndrome and chronic low back pain reportedly associated with an industrial injury of March 21, 2011. In a Utilization Review Report dated December 20, 2014, the claims administrator failed to approve requests for tizanidine, Depakote, and Norco. The claims administrator referenced an RFA form of December 16, 2014 and progress note of November 24, 2014 in its determination, although neither of the same were summarized. The claims administrator contended that the applicant failed to profit from the medications at issue. On said November 24, 2014 progress note, the applicant reported ongoing complaints of low back pain, status post failed lumbar spine surgery, myofascial pain surgery, left lower extremity radicular complaints, and insomnia. 8/10, constant pain was reported. The applicant was using Norco, Elavil, Motrin, and methadone, it was noted. The applicant was apparently using some short of gait-assistive device as well as a back brace. Multiple medications were renewed, including Depakote, methadone, tizanidine, Norco, Prilosec, lidocaine patches, and Motrin. A replacement back brace was endorsed. The applicant was declared permanently disabled. The stated diagnoses of myofascial pain syndrome, thoracic spondylolysis, epidural syndrome, failed back syndrome, lumbago, lumbar radiculopathy, and insomnia. It was not clearly stated for what purpose Depakote was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #120: Upheld

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

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

Decision rationale: 1. No, the request for tizanidine, an anticonvulsant adjuvant medication, 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 demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was/is off of work. The applicant was deemed permanently disabled, it was reported on November 24, 2014. The applicant continued to report pain complaints as high as 8/10, despite ongoing tizanidine usage. Ongoing usage of tizanidine failed to curtail the applicant's dependence on opioid agents such as methadone or Norco. 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.

Depakote 500mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

Decision rationale: 2. Similarly, the request for Depakote, an anticonvulsant medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 47 of ACOEM Practice Guidelines, it is incumbent upon a prescribing provider to discuss the efficacy of medications for the condition for which it is being prescribed. Here, however, the attending provider did not clearly state for what purpose Depakote was being employed. It was not clearly stated whether Depakote was being employed as a mood stabilizer, as an anticonvulsant, or an adjuvant medication for pain. Therefore, the request was not medically necessary.

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20.

Decision rationale: 3. Finally, the request for Norco, a short-acting 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, the applicant was/is off of work, on permanent disability, it was noted on November 24, 2014. The applicant continued to report pain complaints as high as 8/10, despite ongoing Norco usage. The attending provider failed to outline any meaningful or material improvements in function effected as a result of the same. Therefore, the request was not medically necessary.