MAXIMUS Federal Services

Case Number:	CM15-0141019		
Date Assigned:	08/04/2015	Date of Injury:	03/12/2010
Decision Date:	10/06/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/20/2015

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, 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 55-year-old who has filed a claim for chronic low back pain (LBP) with derivative complaints of depression reportedly associated with an industrial injury of March 12, 2010. In a Utilization Review report dated July 10, 2015, the claims administrator failed to approve requests for a lumbar epidural injection, trigger point injection, Norco, Zanaflex, Topamax, Naprosyn, Prilosec, and a follow-up appointment. Date(s) of service of March 23, 2012, April 9, 2012, and April 23, 2012 were referenced in the determination. The applicant's attorney subsequently appealed. On December 8, 2011, the applicant received refills of Norco, Zanaflex, Topamax, and a topical compounded Dendracin cream. Naprosyn was continued. The applicant was given trigger point injections in the clinic. The applicant's work status was not reported. Ongoing complaints of low back pain radiating to the lower extremities was reported. The applicant was described as having issues with electrodiagnostically-confirmed lumbar radiculopathy superimposed on issues with anxiety and obesity, it was suggested. The applicant's work status was not explicitly stated, it did not appear that the applicant was working. In a psychiatric medical-legal evaluation dated December 28, 2011, it was acknowledged that the applicant had a history of both alcohol and marijuana abuse. The medical-legal evaluator contended that the applicant's primary issues were medical in nature (as opposed to mental health in nature). The medical-legal evaluator contended that the applicant's current work capacity was "fair. " On December 28, 2011, a spine surgeon suggested that the applicant pursue a multilevel lumbar fusion surgery. On January 4, 2012, the applicant's psychiatrist stated that he was unable to predict her return to work date, suggesting that the applicant was not working as of that point

in time. In a handwritten work status report dated February 26, 2012, the applicant was placed off of work, on total temporary disability. On March 15, 2012, the applicant reported constant, severe low back pain radiating to the bilateral lower extremities. Once again, the applicant was placed off of work, on total temporary disability. It was suggested that the applicant was considering a lumbar fusion procedure. On March 23, 2012, the applicant reported ongoing complaints of low back pain with burning pain about the lower extremities. The applicant acknowledged that earlier epidural injection had "worn off. " The applicant's medication list included Norco, Topamax, Naprosyn, Xanax, Zanaflex, and Dendracin, it was reported. Several of the same were refilled. Repeat trigger point injections were performed in the clinic while multiple medications were renewed. The applicant was described as having ongoing "debilitating" pain about the low back. A repeat lumbar epidural injection was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective epidural steroid injection at L4-5 bilaterally (DOS 4/9/12): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: No, the request for a lumbar epidural injection performed on April 9, 2012 was not medically necessary, medically appropriate, or indicated here. The request in question was framed as a request for repeat epidural injection. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that repeat epidural injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant was placed off of work, on total temporary disability, on office visits of February 26, 2012 and March 15, 2012. The applicant remained dependent on a variety of opioid and non- opioid agents to include Norco, Topamax, Naprosyn, Zanaflex, etc. Constant, severe and debilitating pain complaints were reported on March 23, 2012 and March 15, 2012. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792. 20e, despite receipt of multiple prior lumbar epidural injections over the course of the claim. Therefore, the request is not medically necessary.

Retrospective trigger point injections, QTY: 4.00 (DOS 3/23/12): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

Decision rationale: Similarly, the request for trigger point injection performed on March 23, 2012 was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are not recommended in the radicular pain context present here. The applicant was described as having constant severe low back pain radiating to the bilateral lower extremities on both March 15, 2012 and March 23, 2012. Trigger point injection therapy was not, thus, indicated in the

lumbar radiculopathy context present here. Therefore, the request is not medically necessary.

Retrospective Norco 10/500mg #60 (DOS 3/23/12): 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: 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, however, the applicant was off of work, on total temporary disability, it was acknowledged on handwritten note of March 15, 2012. Constant, severe low back pain was reported on that date. Activities as basic as standing, walking, and bending remained problematic, the treating provider reported on March 15, 2012. The applicant's pain complaints were described as "debilitating", it was acknowledged on March 23, 2012. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request is not medically necessary.

Retrospective Zanaflex 4mg #60 (DOS 3/23/12): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Tizanidine (Zanaflex, generic available); Functional Restoration Approach to Chronic Pain Management Page(s): 66; 7.

Decision rationale: Similarly, the request for Zanaflex, an antispasmodic medication, was likewise 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 for unlabeled use 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 "efficacy of medication" into his choice of recommendations. Here, however, the applicant reported constant, severe, debilitating pain complaints, it was reported on March 23, 2012 and March 15, 2012. The applicant was having difficulty performing activities as basic as standing, walking, and bending, it was reported on those dates. Ongoing use of Tizanidine failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request is not medically necessary.

Retrospective Topomax 50mg #60 (DOS 3/23/12): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topiramate (Topamax, no generic available); Functional Restoration Approach to Chronic Pain Management Page(s): 21; 7.

Decision rationale: Similarly, the request for Topamax, an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 21 of the MTUS Chronic Pain Medical Treatment Guidelines states that Topamax is still considered for use for neuropathic pain when other anticonvulsants fail, this recommendation is likewise 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 "efficacy of medication" into his choice of recommendations. Here, however, the applicant remained off of work, it was acknowledged on March 15, 2012, despite ongoing Topamax usage. Constant, severe, and debilitating low back pain complaints were reported on both March 15, 2012 and March 23, 2012. Ongoing use of Topamax failed to curtail the applicant's dependence on opioid agents such as Norco. The applicant was apparently contemplating spine surgery, seemingly on the grounds that Topamax and other medications had failed. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792. 20e, despite ongoing usage of the same. Therefore, the request is not medically necessary.

Retrospective Anaprox 550mg #60 (DOS 3/23/12): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Anti-inflammatory medications Page(s): 7; 22.

Decision rationale: Similarly, the request for Anaprox (Naproxen), an antiinflammatory 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 antiinflammatory medications such as Anaprox (naproxen) do represent a 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 and on page 47 of the ACOEM Practice 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 remained off of work, on total temporary disability, it was acknowledged on March 15, 2012. Constant, severe, and debilitating low back pain complaints were reported both on that date and on March 23, 2012. Ongoing use of naproxen failed to curtail the applicant's dependence on opioid agents such as Norco and/or topical compounds such as Dendracin. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing use of the same. Therefore, the request is not medically necessary.

Retrospective Prilosec 20mg #60 (DOS 3/23/12): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: Similarly, the request for Prilosec, 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 Omeprazole (Prilosec) are indicated in the treatment of NSAID-induced dyspepsia, here, however, the March 23, 2012 office visit at issue made no mention of the applicant's personally experiencing issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand- alone. It was not, furthermore, clearly stated whether or not ongoing use of Prilosec had or had not proven beneficial for whatever purpose it had been employed. Therefore, the request is not medically necessary.

Retrospective follow-up appointment (DOS 4/23/12): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: Finally, the request for a follow-up appointment was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 79, frequent follow-up visits are "often warranted" even in those applicants whose conditions are not expected to change appreciably from week to week or visit to visit. Here, the applicant was off of work. The applicant was using a variety of analgesic and adjuvant medications. The applicant was considering and/or contemplating lumbar spine surgery. Obtaining a follow-up visit, thus, was indicated on several levels, including potentially for medication management and/or disability management purposes. Therefore, the request is medically necessary.