

Case Number:	CM15-0143052		
Date Assigned:	07/31/2015	Date of Injury:	03/12/2010
Decision Date:	10/13/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/23/2015

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 claimant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 12, 2010. In a Utilization Review report dated July 13, 2015, the claims administrator failed to approve requests for trigger point injections, Norco, Zanaflex, Topamax, Naproxen, Prilosec, and a follow-up appointment. The services in question were apparently rendered, prescribed, and/or dispensed on June 19, 2012. The applicant's attorney subsequently appealed. On said June 19, 2012 office visit, the applicant reported ongoing complaints of low back pain radiating into the bilateral lower extremities, increased since the preceding visit. 4/10 pain complaints were reported. The claimant had apparently depleted his supply of Norco as he was using the same in excess of amounts, the treating provider reported. The claimant was using Norco at a rate of 4 tablets a day, it was suggested toward the top of the note. The claimant's medications included Xanax, topical Dendracin, Zanaflex, Naproxen, Topamax, and Norco, it was reported. The claimant received multiple epidural steroid injections, it was reported. The claimant was given various diagnoses, including lumbar degenerative disk disease, bilateral lower extremity radiculopathy, left greater than right, and obesity. The claimant's back pain was described as debilitating. The claimant had received multiple epidural injections, it was reported. Trigger point injections were administered in the clinic while Norco, Naproxen, Topamax, Zanaflex, and Prilosec were prescribed and/or renewed. There was no seeming mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia on this date. The applicant's work status was not explicitly detailed, although it did not appear that the applicant was working. The claimant was described as having significant functional limitations toward the bottom of the note. No seeming discussion of medication efficacy transpired. On May 21, 2012, the applicant

was again described as having ongoing debilitating pain about the low back with radiation of pain to bilateral lower extremities status post multiple epidural steroid injections. Naproxen, Norco, Topamax, Zanaflex, and Prilosec were again prescribed in or dispensed, without much seeming discussion of medication efficacy, although the attending provider stated toward the top of the note on this date that he believed that Norco was effective in managing the applicant's pain complaints. This was not elaborated upon. The applicant's work status was not explicitly stated, although it did not appear that the applicant was working. Once again, there was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trigger point injections, QTY: 4 (retrospective dispensed 6/19/12): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Trigger point injections.

Decision rationale: No, the trigger point injections performed on June 19, 2012 were not medically necessary, medically appropriate, or indicated here. As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections, i.e., the article at issue here, are deemed not recommended for applicants with radicular pain. Here, the applicant presented with an operating diagnosis of bilateral lower extremity radiculopathy, left greater than right, on the June 19, 2012 office visit at issue. Trigger point injection therapy was not, thus, indicated in the radicular pain context present here, per page 122 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Norco 10/500 mg QTY: 60 (retrospective dispensed 6/19/12): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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 seemingly off of work. The applicant was described as having debilitating low back pain complaints present on June 19, 2012 and on May 21, 2012. The applicant's pain complaints were described as heightened on June 19, 2012. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Norco usage on the June 19, 2012 office visit at issue. Therefore, the request was not medically necessary.

Zanaflex 4 mg QTY: 60 (retrospective dispensed 6/19/12): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Muscle relaxants (for pain).

Decision rationale: Similarly, the request for Zanaflex, an antispasmodic 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 for unlabeled use for low back pain, as was 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, the applicant was seemingly off of work, it was reported on June 19, 2012. The applicant reported debilitating pain complaints on that date. The applicant was using Norco at a heightened dosage of 4 tablets daily, it was acknowledged on that date. Ongoing usage of Zanaflex failed to curtail the applicant's dependence on topical compounds such as Dendracin, epidural steroid injections, and/or trigger point injections, it was further noted. 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.

Topamax 50 mg QTY: 60 (retrospective dispensed 6/19/12): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic) - Topiramate (Topamax).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Antiepilepsy drugs (AEDs).

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 does acknowledge that Topamax can be 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 was seemingly off of work, it was suggested on June 19, 2012. Debilitating pain complaints were reported on that date. Ongoing usage of Topamax failed to curtail the applicant's dependence on opioid agents such as Norco. The applicant's pain complaints were seemingly heightened as of the June 19, 2012 office visit at issue. 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.

Anaprox 550 mg QTY: 60 (retrospective dispensed 6/19/12): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Anti-inflammatory medications.

Decision rationale: Similarly, the request for Anaprox (naproxen), 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 naproxen, anti-inflammatory medications such as naproxen do represent the traditional first-line 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 June 19, 2012 office visit at issue contained no seeming discussion of medication efficacy. The claimant's pain complaints were described as debilitating, it was acknowledged on that date. Ongoing use of Naproxen failed to curtail the applicant's dependence on opioid agents such as Norco, which the applicant was using at a heightened dosage of 4 times daily as of the June 19, 2012 office visit in question. 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.

Prilosec 20 mg QTY: 60 (retrospective dispensed 6/19/12): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chronic) - NSAIDs, GI symptoms & cardiovascular risk; Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

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 Prilosec are indicated in the treatment of NSAID-induced dyspepsia. Here, however, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, as of the June 19, 2012 office visit at issue. Therefore, the request is not medically necessary.

Follow up appointment, QTY: 1 (retrospective dispensed 6/19/12): Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic) - Office visits.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

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 seemingly off of work, it was reported on June 19, 2012. Debilitating pain complaints were reported on that date. The applicant remained dependent on opioid agents such as Norco as well as a variety of other analgesic, adjuvant, and topical agents, it was acknowledged. A follow-up visit, thus, was indicated on several levels, including for medication management and/or disability management purposes. Therefore, the request is medically necessary.