

Case Number:	CM15-0174147		
Date Assigned:	09/16/2015	Date of Injury:	08/22/2003
Decision Date:	10/23/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/03/2015

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 37-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 22, 2003. In a Utilization Review report dated August 27, 2015, the claims administrator failed to approve requests for oxycodone and Zanaflex while apparently approving request for MS Contin and Cymbalta. The claims administrator referenced an August 17, 2015 RFA form and an associated office visit of August 11, 2015 in its determination. The applicant's attorney subsequently appealed. On said August 11, 2015 office visit, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities, reportedly severe. The applicant stated that he was trying to attend college on the grounds that he felt he could not return to the workplace at his preinjury occupation. The applicant was described as severely obese, weighing 280 pounds. The attending provider stated that the applicant could not function without his medications. The attending provider stated that the applicant had reported a 50% reduction in pain with ongoing medication consumption. In another section of the note, it was stated that the applicant weighed 286 pounds. MS Contin, oxycodone, Cymbalta, and Zanaflex were endorsed. The attending provider suggested that the applicant was using Cymbalta predominantly for depressive issues. The applicant had developed hypogonadism associated with opioid consumption, it was reported. The applicant was using MS Contin 30 mg at a rate of three tablets daily, it was reported, in conjunction with usage of immediate release oxycodone at a rate of 30 mg four times daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Oxycodone IR 30mg #120: 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, Opioids, dosing.

Decision rationale: No, the request for oxycodone immediate release, 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, however, the applicant was off of work, it was reported on August 11, 2015. The applicant stated that he was unable to return to his former occupation owing to heightened pain complaints present on that date. The applicant had gained weight and apparently weighed somewhat in the order of 280 to 286 pounds, it was acknowledged, such that the applicant remained inactive. While the attending provider did recount some reported reduction in pain scores effected as a result of ongoing medication consumption, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function effected as a result of ongoing oxycodone usage. The applicant's usage of oxycodone 30 mg at a rate of four times daily, coupled with the applicant's concurrent usage of MS Contin 30 mg thrice daily, moreover, represented a total morphine equivalent dose of 270 daily morphine equivalents, i.e, usage well in excess of the 120 mg oral morphine equivalents limit established on page 86 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

1 Prescription of Zanaflex 4mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Anti spasmodic drug.

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

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 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 its choice of recommendations. Here, however, the applicant remained off of work, it was reported on August 11, 2015. Ongoing usage of Zanaflex failed to curtail the applicant's dependence on opioid agents such as MS Contin and immediate release oxycodone, it was acknowledged on that date. The applicant was still substantially immobile and was having difficulty walking, it was reported. 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 was not medically necessary.