

Case Number:	CM15-0046674		
Date Assigned:	03/18/2015	Date of Injury:	06/23/2010
Decision Date:	04/23/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/11/2015

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 48-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 23, 2010. In a Utilization Review Report dated March 3, 2015, the claims administrator failed to approve requests for Xanax, Zanaflex, and topical Pennsaid. A February 9, 2015 RFA form and associated progress note were referenced in the determination. The applicant's attorney subsequently appealed. On February 9, 2015, the applicant reported ongoing complaints of low back pain radiating to the left leg, highly variable, 4-5/10 with medication versus 6-7/10 without medications. 6-7/10 neck pain with medications was also reported. Superimposed issue with lower extremity paresthesias and anxiety disorder were also evident. The applicant was using Ambien, Zanaflex, BuTrans, Norco, and Xanax, it was stated in one section of the note. Norco and Zanaflex were apparently renewed. The applicant was asked to continue using a spinal cord stimulator. The applicant was status post earlier failed lumbar spine surgery, it was stated. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 2mg tablet #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: No, the request for Xanax, an anxiolytic medication, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytic such as Xanax may be appropriate for brief periods in case of overwhelming symptoms, in this case, however, the renewal request for Xanax suggested that the applicant had been using the same for a minimum of several months on a twice daily basis, for anxiolytic effect. Such usage, however, runs counter to the MTUS Guideline in ACOEM Chapter 15, page 402. Therefore, the request was not medically necessary.

Zanaflex 4mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management;
ANTISPASTICITY/ANTISPASMODIC DRUGS: Tizanidine (Zanaflex, generic available)
Page(s): 7; 66.

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 and Zanaflex is FDA proven in the management of spasticity but can be employed off label 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 to the effect an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was off of work, on total temporary disability, despite ongoing usage of Zanaflex. Ongoing usage of Zanaflex had failed to curtail the applicant's dependence on opioid agents such as Norco. The applicant continued to report highly variable pain complaints ranging from 6-7/10, despite ongoing Zanaflex usage. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Zanaflex. Therefore, the request was not medically necessary.

Pennsaid 2%: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA.

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

Decision rationale: Finally, the request for topical Pennsaid was likewise not medically necessary, medically appropriate, or indicated here. Topical Pennsaid is a derivative of topical diclofenac/Voltaren. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical diclofenac/Voltaren has not been evaluated for treatment involving the spine, hip, and/or shoulder. Here, the applicant's primary pain generator was, in fact, the lumbar spine, i.e., a body part for which topical diclofenac/Voltaren/Pennsaid has not been evaluated. The attending provider did not furnish a compelling applicant-specific rationale which would support usage of topical Pennsaid in the face of the unfavorable MTUS position on the same for the body part in question, nor did the attending provider state how the topical Pennsaid would be beneficial in treating a widespread area such as the lumbar spine, an area not readily amenable to topical application. Therefore, the request was not medically necessary.