

Case Number:	CM15-0098809		
Date Assigned:	06/01/2015	Date of Injury:	10/01/2002
Decision Date:	07/07/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/21/2015

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 59-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 1, 2002. In a Utilization Review report dated April 29, 2015, the claims administrator failed to approve requests for Relafen, Fortesta, tizanidine, and oxycodone. The claims administrator referenced a RFA form received on April 22, 2015 in its determination and an associated progress note of April 16, 2015. The applicant's attorney subsequently appealed. On April 16, 2015, the applicant reported unchanged intractable low back pain. 6/10 pain complaints were reported. The applicant was using oxycodone immediate release four times daily and using Xanax for anxiolytic effect, it was reported. The applicant was using Desyrel and Wellbutrin, seemingly for depressive symptoms. The applicant was using Zantac and Dexilant for dyspepsia and Colace for constipation. The attending provider stated that the applicant's ability to perform self-care, personal hygiene, household chores, and/or watching television have been ameliorated as a result of ongoing medication consumption. Multiple medications were continued and/or renewed, including Dexilant, oxycodone, tizanidine, Colace, senna, Fortesta, and Relafen. It was stated that Fortesta was needed to maintain the applicant's testosterone levels. The applicant's testosterone levels were not, however, documented. The applicant was given diagnoses of chronic low back pain status post failed spine surgery, opioid

dependence, anxiety, depression, insomnia, and GI distress. The applicant's work status was not clearly outlined, although it did not appear that the applicant was working. On March 17, 2015, the applicant again presented with miserable, agonizing, and annoying back pain, also described as intractable in another section of the note. The attending provider stated that the applicant had developed issues with insomnia generated by his chronic pain complaints. The attending provider stated that the applicant's ability to perform self-care, personal hygiene, household chores, watch television had been ameliorated as a result of ongoing medication consumption. Once again, the applicant's work status was not detailed. Fortesta was reportedly endorsed for purpose of maintaining the applicant's testosterone level. The applicant's testosterone level was not, however, detailed. The applicant did have various psychiatric issues, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 750mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NSAIDs.

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

Decision rationale: No, the request for Relafen, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, one option in the treatment of NSAID-induced dyspepsia is cessation of the offending NSAID. Here, multiple progress notes, referenced above, suggested that the applicant had developed issues with dyspepsia generated by and/or worsened with ongoing Relafen usage. The applicant was using Dexilant, a proton pump inhibitor, and Zantac, an H2 antagonist, to attenuate issues with Relafen-induced dyspepsia. As suggested on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, cessation of Relafen was likely a more appropriate option than continuation of the same, given the foregoing. Therefore, the request was not medically necessary.

Fortesta: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Fortesta Gel.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids) Page(s): 110.

Decision rationale: Similarly, the request for Fortesta (testosterone) was not medically necessary, medically appropriate, or indicated here. While page 110 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that testosterone replacement via agents such as Fortesta is recommended in limited circumstances for applicants taking high-dosed,

long-term opioids with documented low testosterone levels, here, however, the attending provider did not document low testosterone levels needed to justify introduction, selection, and/or ongoing usage of Fortesta (testosterone). The attending provider's documentation, if anything, seemingly stated that he was employing Fortesta to maintain the applicant's testosterone levels on the grounds that the applicant was concurrently using opioids. It did not appear, thus, that the applicant carried a diagnosis of laboratory-confirmed hypogonadism, nor was there evidence that the applicant had experienced clinical manifestations of alleged hypogonadism, such as gynecomastia. Therefore, the request was not medically.

Tizanidine 4mg #120 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Anti-spasticity/Anti-spasmodic Drugs Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex, generic available) Page(s): 66.

Decision rationale: Similarly, the request for tizanidine (Zanaflex) 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 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 an attending provider should incorporate some discussion of efficacy of medications into his choice of recommendations. Here, however, the applicant was seemingly off of work, despite ongoing tizanidine usage. Ongoing usage of tizanidine failed to curtail the applicant's dependence on opioid agents such as oxycodone. The applicant was described as in a miserable, agonizing, and annoying state of health owing to his chronic pain complaints on a progress note of March 17, 2015. The applicant's back pain was described as intractable, on that date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of tizanidine (Zanaflex). Therefore, the request was not medically necessary.

Oxycodone IR 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Finally, the request for oxycodone, 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's work status was not explicitly discussed or detailed on multiple office visits, referenced above, including on March 17, 2015 and on April 16, 2015, suggesting that the applicant was not, in fact, working. While the attending provider did recount some reported reduction in pain scores reportedly allegedly imputed to ongoing opioid consumption, these reports were, however, outweighed by the seeming failure to work and the attending provider's failure to outline meaningful or

material improvements in function effected as a result of ongoing opioid usage. The attending provider's commentary to the effect that the applicant's ability to perform activities of daily living such as self-care, personal hygiene, and watch television as a result of ongoing medication consumption did not constitute evidence of a meaningful, material, or substantive improvement in function effected as a result of ongoing oxycodone usage. Therefore, the request was not medically necessary.