

Case Number:	CM13-0001236		
Date Assigned:	05/02/2014	Date of Injury:	11/18/2008
Decision Date:	06/09/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	07/11/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 50-year-old male who was injured on 11/18/2008. He had fallen down some stairs resulting in some significant injury to multiple body parts, but he was able to finish the shift on the date of injury. Prior treatment history has included physical therapy, cortisone injections, and epidural steroid injections. The patient underwent L4-L5, S1-S2 spinal fusion on 09/20/2010. Orthopedic note dated 06/26/2013 indicates the patient complains of back pain with radiation of pain down the bilateral legs; his psyche and nervous system. The patient presents today with continued complaints of pain in the lumbar spine at 7/10 on the subjective pain scale. He states it is constant, achy and at times it can be stabbing. When it is stabbing, it does appear to radiate down the left leg, all the way to the foot with numbness and tingling and weakness. On exam, the patient has an upright posture; however he has extremely limited range of motion. Range of motion of the lumbar spine exhibits flexion to 35/90 degrees, extension is 5/25 degrees; right lateral flexion is 20/25 degrees; and left lateral flexion is 20/25 degrees; all motions are with pain. Impression is the patient's pain complaints are unresolved and his physical exam is unchanged. Diagnoses are 1) Status post lumbar fusion done by [REDACTED] in 09/2010 2) Multilevel lumbar spine disc bulges 3) Lumbar spine stenosis and 4) Lumbar spine retrolisthesis, L5 over S1. Treatment and plan includes refilling the patient's medications including: for baseline pain management, Tylenol 500 mg 1 tid prn #90 for breakthrough pain only; Tramadol 50 mg 1 bid prn #60 for muscle spasms, which has off and on through the day, Tizanidine 4 mg 1 daily prn #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

TYLENOL 500MG, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Inflammatory Medications Page(s): 22.

Decision rationale: According to the CA MTUS guidelines, Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. The medical records document complaint of chronic 7/10 pain level, which is unchanged. The medical records do not demonstrate improvement with medications. The patient does not present with an acute exacerbation. Long-term use of analgesics, particularly in absence of benefit, is not medically necessary.

TRAMADOL 30MG, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Page(s): 74-96.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Tramadol (Ultram[®]) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. The guidelines state continued opioid treatment requires documented pain and functional improvement and response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The medical records do not establish these requirements have been met. The medical records document complaint of chronic 7/10 pain level, which is unchanged. The medical records do not demonstrate improvement with medications. The patient does not present with an acute exacerbation. Long-term use of opioid, particularly in absence of benefit, is not medically necessary.

TIZANIDINE 4MG, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Section Page(s): 66.

Decision rationale: The California MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients

with chronic LBP. Tizanidine is a muscle relaxant that is FDA approved for management of spasticity; unlabeled use for low back pain. The medical records do not document objective examination findings that establish the patient has spasticity; no spasms are documented on examination. There is no evidence of an acute exacerbation. Chronic use of muscle relaxants is not recommended. Consequently, the medical necessity of continued use of Tizanidine has not been established.