

Case Number:	CM13-0019682		
Date Assigned:	10/11/2013	Date of Injury:	06/30/2009
Decision Date:	02/03/2014	UR Denial Date:	08/06/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management and is licensed to practice in Ohio and Texas. 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 physician 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 employee is a 64-year-old female who reported a work-related injury on 6/30/09. The employee has complaints of low back pain that radiates to her buttocks. Treatment has included medications, physical therapy, chiropractic therapy and acupuncture. An electromyography (EMG) study of her lower extremities revealed normal findings. An MRI of the lumbar spine on 2/22/10 revealed degenerative changes in L2-3 and L4-5 discs with foraminal stenosis. The employee has undergone urine drug testing. Her diagnoses include lumbar radiculopathy, lumbar spinal stenosis, myalgia/myositis, and chronic pain, other.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex/tizanidine 4mg: Upheld

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

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

Decision rationale: The guidelines state that in lower back cases, muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Per the

clinical documentation submitted for review, the employee was noted to be taking tizanidine for her chronic low back pain. Guidelines recommend muscle relaxants as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The employee was not noted to be having an acute exacerbation of pain and was not noted to be using tizanidine as a short-term treatment. As such, the requested Zanaflex/tizanidine 4mg is not medically necessary and appropriate.

Tramadol/Ultram 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management, and Opioids for Osteoarthritis Page(s): 78,84.

Decision rationale: The guidelines indicate that tramadol does not allow for recommendations for use longer than 3 months. The employee was noted to be taking the medication tramadol for longer than 3 months. The guidelines also recommend ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects for patients taking opioids for pain management. A satisfactory response to treatment may be indicated by decreased pain, increased level of function or improved quality of life. The submitted medical records do not include objective documentation of functional benefit or improvement during the use of tramadol. Nor do the records provided document the employee's pain scales before and after medication use. Given the above, the requested tramadol/Ultram 50mg is not medically necessary and appropriate.