

Case Number:	CM13-0059311		
Date Assigned:	12/30/2013	Date of Injury:	05/23/2007
Decision Date:	05/12/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	12/02/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 53-year-old male who was injured on 05/23/2007 while he was pushing a heavy ball of hay. In addition, the patient experiences headaches, difficulty sleeping, depression and anxiety. Prior treatment history has included lumbar spine surgery in November of 2007 and cervical spine surgery in July of 2012. The patient also had a course of acupuncture. Diagnostic studies reviewed include a drug test with a positive result for hydrocodone, which is consistent with prescription and positive for meprobamate, which is inconsistent with prescription. The progress report (PR-2), dated 04/19/2013 documents that the medications the patient is currently on are actually downgraded from what he previously utilized. The patient has had electronic stimulators at home; they do not work for him. We will refill medications: Norco 10/325 mg, ibuprofen 800 mg and diazepam 2 mg. Comprehensive Orthopedic Evaluation from [REDACTED], dated 06/14/2013 documented the patient to have complaints of continued pain in the lumbar spine rated 5-6/10 and this is with medicine on board. The objective findings on exam revealed that the patient continues with a positive stoop test, positive paraspinal tenderness and positive right sciatic nerve stretch test. The impression indicates: The patient's complaints are unresolved and his physical examination is unchanged. A Comprehensive Orthopedic Evaluation from [REDACTED], dated 09/20/2013 documents the patient continuing to have pain in the low back area, (No visual analog scale (VAS) reported), which he claims radiates down both lower extremities. He also complains of spasm. The objective findings on exam reveal that there is some tenderness over the lower lumbar spine. The patient is wearing a lumbosacral corset. The patient does complain of some tightness of the hamstrings bilaterally and lacks terminal ten (10) degrees of extension possibly because of marked low back pain, which is non-radicular. The diagnoses include: Thoracic lumbosacral neuritis or radiculitis, and Status post lumbar discectomy fusion in November 2007. The Treatment Plan indicates: "It is

felt the patient's Norco should be decreased. At this time the patient will be given #90 Norco pills only to use this for breakthrough pain. We will replace Ultram with Tramadol 60 mg one tablet every 4-6 hours as needed for pain. It is also felt the patient's diazepam should be reduced. Patient should be placed on Tizanidine 4 mg every 8-10 hours as needed for spasm. Valium is discontinued at this time."

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) PRESCRIPTION OF TRAMADOL 50MG #60, WITH ONE (1) REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 80, 88.

Decision rationale: The Chronic Pain Guidelines indicate that Tramadol (Ultram[®]) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. The guidelines also indicate that it is indicated for moderate to severe pain. A Comprehensive Orthopedic Evaluation from [REDACTED], dated 09/20/2013 documents that the patient continued to have pain in the low back area. The subjective level of pain is not reported, such as with visual analog scale (VAS). Moderate to severe pain is not indicated. In addition, the medical records do not document a reduction in pain and increased function with opioid medication use. It is also noted that Tramadol/Ultram and Norco are of the same class as short-acting opioids. Tramadol may be efficacious for short-term use, but the efficacy of long-term use is limited. The guidelines indicate that the continued use of opioid medication require demonstration of improved quality of life, pain level and function. In the absence of documented overall functional improvement, the request is not medically necessary according to the guidelines. The medication should be slow tapered as recommended by MTUS Guidelines

ONE (1) PRESCRIPTION OF TIZANIDINE 4MG #28: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN), Page(s): 66.

Decision rationale: The Chronic Pain Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Tizanidine is a muscle relaxant that is FDA approved for the management of spasticity; and unlabeled use for low back pain. The medical records do not document objective examination findings that establish the patient has spasticity, and no spasms were documented on examination. There is no evidence of an acute exacerbation. The chronic

use of muscle relaxants is not recommended. Consequently, the medical necessity of continued use of Tizanidine has not been established