

Case Number:	CM13-0059401		
Date Assigned:	12/30/2013	Date of Injury:	03/03/2005
Decision Date:	04/10/2014	UR Denial Date:	11/21/2013
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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 36-year-old female who reported an injury on 03/03/2005. The mechanism of injury was noted to be overhead lifting. The patient's medication history as of 12/2012 indicated that the patient was on Zanaflex and tramadol. The documentation of 10/10/2013 revealed that the patient had increasing left upper limb pain rated at a 9/10 on the VAS (Visual Analog Scale). The alleviating factors were noted to be stellate ganglion blocks, H-wave, physical therapy, lying down and pain medications. The patient was noted to be in the office for medication management and refills. The patient's diagnoses were noted to include reflex sympathetic dystrophy of the upper limb, pain in the limb, causalgia of the upper and lower limbs and reflex sympathetic dystrophy of the lower limbs. The patient was noted to be in the office for a tramadol and Zanaflex refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

ZANAFLEX 8MG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Page(s): 63-66.

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

Decision rationale: The California MTUS Guidelines indicate that muscle relaxants are prescribed as a second-line option for the short-term treatment of acute low back pain. The duration for use is less than 3 weeks. There should be documentation of objective functional improvement. The patient was noted to be on the medication since 2012. There was a lack of documentation indicating the objective functional benefit received from the medication. The request as submitted failed to indicate the quantity of the medication being requested. Given the above, the request for Zanaflex 8 mg is not medically necessary.

TRAMADOL 15 MG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,49,115,Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60,78.

Decision rationale: California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, objective decrease in the VAS (Visual Analog Scale) score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated that the patient had been on this medication since 2012. The patient indicated that her pain had increased. There was a lack of documentation of the above recommendations. The request as submitted failed to indicate the quantity of the medication being requested. Given the above, the request for tramadol 15 mg is not medically necessary.