

Case Number:	CM13-0063032		
Date Assigned:	12/30/2013	Date of Injury:	02/14/2011
Decision Date:	05/20/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/09/2013

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 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 injured worker is a 46-year-old male who reported an injury on 02/14/2011. The mechanism of injury was not provided for review. The injured worker ultimately underwent lumbar fusion followed by medication management of chronic pain. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker's most recent pain medicine evaluation dated 11/22/2013 documented that the injured worker had ongoing low back pain complaints radiating into the bilateral lower extremities rated at 7/10 to 8/10 with medications and 9/10 without medications. It was documented the injured worker reported limitations in activities of daily living. Physical findings included tenderness to the spinal vertebral process of the lumbar spine at L4-S1 with limited range of motion secondary to pain. The injured worker's diagnoses included lumbar radiculopathy, lumbar facet arthropathy, iatrogenic opioid dependency, chronic pain, vitamin D deficiency, and obesity. The injured worker's treatment plan included Suboxone for 3 months with attempt to wean the injured worker of the medication after that and refill of medications to include tramadol 150 mg, Klonopin 0.5 mg, tizanidine 2 mg, and tramadol 50 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL ER 150MG #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 Opioids, On-Going Management Section Page(s): 78.

Decision rationale: The requested tramadol ER 150 mg #30 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the ongoing use of opioids be supported by documentation of functional benefit, a quantitative assessment of significant pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review indicates that the injured worker has pain relief from 9/10 reduced to 7/10 to 8/10 with medications. This would not be considered significant pain relief due to medication usage. Additionally, there is no documentation of significant functional benefit related to medication usage. Although the clinical documentation does indicate that the injured worker is monitored for aberrant behavior with urine drug screens, the lack of evidence to support efficacy of this medication does not support continued use. As such, the requested tramadol ER 150 mg #30 is not medically necessary or appropriate.

KLONOPIN 0.5MG #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 Benzodiazepines Section Page(s): 24.

Decision rationale: The requested Klonopin 0.5 mg #30 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend long-term use of benzodiazepines as there is a significant risk for physiological and psychological dependence. The clinical documentation does not provide a medication history. However, it is noted within the documentation that the injured worker was taking the medication in 08/2013. Therefore, an additional prescription of this medication would exceed guideline recommendations of 4 weeks of treatment. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested Klonopin 0.5 mg #30 is not medically necessary or appropriate.

TIZANIDINE 2MG #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 Muscle Relaxants Page(s): 63.

Decision rationale: The requested tizanidine 2 mg #60 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not support the use of muscle relaxants in the management of chronic pain. California Medical Treatment Utilization

Schedule recommends muscle relaxants be used for short durations of treatment not to exceed 2 to 3 weeks for acute exacerbations of chronic pain. The clinical documentation does not support that this is an acute exacerbation of chronic pain. Additionally, the request as it is submitted does not identify a frequency of treatment. Therefore, there is no way to determine if the requested number of pills is for treatment duration of 2 to 3 weeks. As such, the requested tizanidine 2 mg #60 is not medically necessary or appropriate.

TRAMADOL 50MG #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 Opioids, On-Going Management Section Page(s): 78.

Decision rationale: The requested tramadol 50 mg #90 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the ongoing use of opioids be supported by documentation of functional benefit, a quantitative assessment of significant pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review indicates that the injured worker has pain relief from 9/10 reduced to 7/10 to 8/10 with medications. This would not be considered significant pain relief due to medication usage. Additionally, there is no documentation of significant functional benefit related to medication usage. Although the clinical documentation does indicate that the injured worker is monitored for aberrant behavior with urine drug screens, the lack of evidence to support efficacy of this medication does not support continued use. As such, the requested tramadol 50 mg #90 is not medically necessary or appropriate.