

Case Number:	CM14-0107294		
Date Assigned:	08/01/2014	Date of Injury:	10/20/2006
Decision Date:	09/30/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	07/10/2014

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 Management and is licensed to practice in Texas and Oklahoma. 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 47-year-old old male who reported an injury on 10/20/2006 due to an unspecified mechanism of injury. The injured worker had a history of upper and lower back that extended to the bilateral lower extremities. The injured worker had a diagnosis of chronic persistent lower back pain to the L5-S1 with mild spasms and radicular neuritis to the lower extremities. The injured worker's prior surgeries included status post anterior lumbar interbody fusion at the L4-5. The medications included Prilosec, Zanaflex and Ultram. There was no Visual Analog Scale (VAS) was provided. The physical examination dated 07/18/2014 to the lumbar spine revealed focal tenderness with palpation spasms at the lumbosacral region extending to the cephalad to the thoracic and cervical paraspinal muscles. The range of motion with forward flexion 30 degrees, extension 10 degrees. Milgram test was positive for axial low back pain. Sitting straight leg raise was positive bilaterally, Kemp's test was positive bilaterally. The treatment plan included 2 Transcutaneous Electrical Nerve Stimulation (TENS) pads per month, acupuncture, continue medication, TENS unit and return to office as needed. Request for authorization dated 08/01/2014 was submitted with the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50 mg 1 tablet po qd QTY: 60 (2 months): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Ongoing management Page(s): 78 82, 93, 94, 113,.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Tramadol, Ongoing management, pages 78 82, 93, 94, 113. The Expert Reviewer's decision rationale: The California MTUS states Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain and it is not recommended as a first-line oral analgesic. California MTUS recommend that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical notes did not indicate the adverse side effects or aberrant drug taking behavior. The request did not address the frequency. As such, the request is not medically necessary.

Zanaflex 4 mg 1 tablet po bid QTY: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Tizanidine Page(s): 66.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Chronic pain, Tizanidine, page 66. The Expert Reviewer's decision rationale: The request for Zanaflex 4 mg 1 tablet QTY: 60 is not medically necessary. The California MTUS guidelines recommend Tizanidine (Zanaflex) as a non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The clinical notes dated 07/18/2014 indicates no measurable pain was documented. The guidelines indicate that Zanaflex is a short term treatment for acute exacerbations. As such, the request is not medically necessary.