

<b>Case Number:</b>	CM14-0012837		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	09/10/1998
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 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 46 year old male who was injured on 09/10/1998. The mechanism of injury is unknown. Prior treatment history has included physical therapy, tramadol, Biofreeze with Ilex Gel, Ultram Er 200 mg, Ambien 10 mg, Tizanidine Hcl 4 mg, Zyrtec 10 mg, Fluticasone 50 mcg spray mcg, and Advil 200 mg. The Physical Medicine visit note dated 01/16/2014 reports that the patient presents with ongoing pain in the right knee and lower back. He reports he feels the same as he did at the last visit, but reports he feels his pain has been worse in the last 3 weeks. He rates his pain as 5/10. He states it is constant and is exacerbated with any movement and weather changes. He reports it is dull, sharp, burning, nagging, and severe throbbing in nature. He has headaches, anxiety and spasms. He does reports difficulty sleeping and has not changed since the last visit. On exam, the lumbar ranges of motion exhibits forward flexion to 30 degrees, extension to 0 degrees, lateral bending is 10 degrees bilaterally and rotation is 20 degrees bilaterally. The hips exhibits forward flexion to the left is 120 degrees; forward flexion to the right is 140 degrees; extension is 5 degrees bilaterally; abduction to the left is 40 degrees and abduction to the right is 30 degrees. The knees exhibit flexion on the left to 140 degrees and flexion to the right to 120 degrees; extension to the left is +5 degrees, and extension to the right is +30 degrees. Motor strength testing reveal left hip flexion is 5/5; right hip flexion is 3/5; left knee extension is 3/5; right knee extension is 4/5; left knee flexion is 3/5; right knee flexion is 4/5; left ankle dorsiflexion is 5/5; right ankle dorsiflexion is 4/5; left ankle plantar flexion is 5/5; and right ankle plantar flexion is 4/5. Sensation to light touch is intact bilaterally in dermatomes C5-C8 and L3-S1. Biceps reflexes are 2+ bilaterally. Triceps reflexes are 2+ bilaterally; brachioradialis reflexes are 2+ bilaterally; patellar reflex are 2+ bilaterally; Achilles tendon reflexes are 2+ bilaterally. McMurray's test is positive bilaterally. Straight leg raise test is positive on the right as well as slump test. The patient is diagnosed with ACL tear, internal

derangement of knee, not otherwise specified, and pain in the joint of the lower leg. A prior UR dated 01/23/2014 states the request for tramadol is not certified as there is no documentation stating the patient's condition has changed. The request for tizanidine is not certified as the patient does not respond well to muscle relaxants.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **TRAMADOL EXTENDED RELEASE 200 MG #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Tramadol (Ultram®), page 113 & Opioids, page(s) 74-96.

**Decision rationale:** According to the CA MTUS Guidelines, Ultram (Tramadol) is recommended as a second-line treatment (alone or in combination with first-line drugs). Tramadol is indicated for moderate to severe pain. Long-acting opioids: also known as "controlled-release", "extended-release", "sustained-release" or "long-acting" opioids, are a highly potent form of opiate analgesic. The proposed advantage of long-acting opioids is that they stabilize medication levels, and provide around-the-clock analgesia. The guidelines indicate opioids may be continued if the patient has returned to work and if the patient has improved functioning and pain. If there is not overall improvement, opioids should be discontinued. In review of the medical records, there has not been any discernible benefit with Tramadol, and therefore, continuation is not recommended. The medical necessity of Tramadol ER has not been established. Weaning is recommended to avoid withdrawal symptoms.

#### **TRAMADOL HYDROCHLORIDE 50 MG #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram®), Opioids, Page(s): 113; 74-96.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Tramadol (Ultram®) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. The guidelines state continued opioid treatment requires documented pain and functional improvement and response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The medical records do not establish these requirements have been met. Tramadol is indicated for moderate to severe pain. The guidelines indicate opioids may be continued if the patient has returned to work and if the patient has improved functioning and pain. If there is no overall improvement, opioids should be discontinued. In review of the

medical records, there has not been any discernible benefit with Tramadol, and therefore, continuation is not recommended. The medical necessity of Tramadol ER has not been established. Weaning is recommended to avoid withdrawal symptoms.

**TIZANIDINE 4 MG #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Muscle Relaxants (For Pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Muscle relaxants (for pain), Page(s): 66.

**Decision rationale:** The CA MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Tizanidine is a muscle relaxant that is FDA approved for management of spasticity; unlabeled use for low back pain. The medical records do not document objective examination findings that establish the patient has spasticity; no spasms are documented on examination. There is no evidence of an acute exacerbation. The medical records document the patient has been prescribed Tizanidine at least since October 2013; however improvement with use has not been demonstrated. Furthermore, chronic use of muscle relaxants is not recommended. Consequently, the medical necessity of Tizanidine has not been established.