

Case Number:	CM14-0117263		
Date Assigned:	08/06/2014	Date of Injury:	07/05/2011
Decision Date:	09/10/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/25/2014

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 Internal Medicine, has a subspecialty in Rheumatology, and is licensed to practice in Maryland. 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:

This is a 52 year old patient with date of injury 7/5/2011. The mechanism of injury is stated as slipping and falling on the floor. The patient has complained of lower back pain, right lower extremity pain and neck pain since the date of injury. He has been treated with physical therapy, epidural corticosteroid injections, and medications. MRI of the lumbar spine performed in 09/2011 revealed degenerative disc disease at L4-5 and facet hypertrophy at L5-S1. MRI of the cervical spine performed in 12/2011 revealed degenerative disc disease at C3-7. EMG/NCV of the upper extremities performed on 03/2012 revealed a mild right median nerve neuropathy. Objective: decreased range of motion of the shoulders. Diagnoses: low back pain, lumbar spine degenerative disc disease, cervical spine disc disease, neck pain. Treatment plan and request: Zanaflex, Zoloft, Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63,64, 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41.

Decision rationale: This 52 year old patient has complained of lower back pain, right lower extremity pain and neck pain since date of injury 7/5/2011. He has been treated with physical therapy, epidural corticosteroid injections, and medications to include Zanaflex since at least 10/2013. Per the MTUS guidelines cited above, muscle relaxant agents (Zanaflex) are not recommended for chronic use and should not be used for greater than 2-3 week duration. Additionally, they should not be used with other agents. On the basis of these MTUS guidelines, Zanaflex is not indicated as medically necessary.

Zoloft 100mg #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective Serotonin Reuptake inhibitors Page(s): 16.

Decision rationale: This 52 year old patient has complained of lower back pain, right lower extremity pain and neck pain since date of injury 7/5/2011. Per the MTUS guideline cited above the use of SSRI's in the treatment of chronic pain is controversial and not recommended. Zoloft is approved for the treatment of depression and major depressive disorder; however there is no provider documentation supporting this diagnosis or the use of this medication. On the basis of the MTUS guidelines and the available provider documentation, Zoloft is not indicated as medically necessary for this patient.

Tramadol ER 150mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 93-94,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 52 year old patient has complained of lower back pain, right lower extremity pain and neck pain since date of injury 7/5/2011. He has been treated with physical therapy, epidural corticosteroid injections, and medications to include Tramadol since at least 10/2013. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Tramadol is not indicated as medically necessary.