

<b>Case Number:</b>	CM14-0165255		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	01/21/2013
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2014

### 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 Geriatrics and is licensed to practice in New York. 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 woman with a date of injury of 1/21/13. She was seen by her provider on 9/3/14 with complaints of vertigo, neck pain, headaches and intermittent nausea after a MVA in 1/13. She reported current medication use was stable/adequate and providing good pain relief and increasing her function and quality of life. Her medications included Tramadol, Zanaflex, Ibuprofen and Fioricet. Her exam showed diminished and painful range of motion of her neck and occipital tenderness. She had facet tenderness on the right, positive facet loading tests bilaterally and mild tenderness over her lower lumbar spine. She had decreased left upper extremity sensation and mild left wrist weakness. Her diagnoses were chronic pain due to trauma, cervical spondylosis without myelopathy, neck sprain/strain, thoracic sprain/strain, vertigo of central origin and lumbar sprain/strain. At issue in this review is the refill of Zanaflex and Ibuprofen. Length of prior therapy is not documented in the note.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg #30 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** Zanaflex or Tizanidine is a muscle relaxant used in the management of spasticity. This injured worker has chronic neck and back pain with an injury sustained in 2013. Her medical course has included use of several medications including narcotics, NSAIDs and muscle relaxants. Non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 9/14 fails to document any spasm on physical exam or improvement in pain, functional status or side effects specifically related to Zanaflex to justify ongoing use. The medical necessity for Zanaflex is not supported in the records.

**Ibuprofen 600mg #60 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66-73.

**Decision rationale:** This injured worker has chronic neck and back pain with an injury sustained in 2013. Her medical course has included use of several medications including narcotics, NSAIDs and muscle relaxants. In chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The MD visit of 9/14 fails to document any significant improvement in pain, functional status or side effects specifically related to ibuprofen to justify ongoing use. The medical necessity for Ibuprofen is not supported in the records.

**Tramadol 200mg #30 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 84-94.

**Decision rationale:** This injured worker has chronic neck and back pain with an injury sustained in 2013. Her medical course has included use of several medications including narcotics, NSAIDs and muscle relaxants. Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are no long-term studies to allow for recommendations for longer than three months. The MD visit fails to document any significant improvement in pain or functional status specifically related to Tramadol or a discussion of side effects to justify ongoing use. The medical necessity for Tramadol is not supported in the records.