

Case Number:	CM14-0166536		
Date Assigned:	10/17/2014	Date of Injury:	05/19/2004
Decision Date:	11/18/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/09/2014

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 Preventive Medicine 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:

According to the records made available for review, this is a 68-year-old female with a 5/19/04 date of injury. At the time (9/8/14) of Decision for Tramadol 50mg QTY 100, Gabapentin 300mg QTY 180, Skelaxin 800mg QTY 60, and Tizanidine 4mg QTY 60, there is documentation of subjective (right lateral and posterior along with buttock pain with radiation to the lower back and muscle stiffness) and objective (tenderness to palpitation over the right sacroiliac joint, piriformis and the right trochanteric bursa; and restricted range of motion of the hip) findings, current diagnoses (sacroiliac joint dysfunction, lumbago, and hip/pelvic pain), and treatment to date (medications (including ongoing treatment with Norco, Tramadol, Gabapentin, Skelaxin, and Tizanidine since at least 5/15/14)). Medical reports identify pain medication agreement, and that Tramadol works well for the patient's pain and keeps her under good control. Regarding Tramadol 50mg, there is no documentation of moderate to severe pain and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tramadol use to date. Regarding Gabapentin 300mg, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Gabapentin use to date. Regarding Skelaxin 800mg, there is no documentation of acute muscle spasm, Skelaxin is used as a second line option, the intention to treat over a short course (less than two weeks) and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Skelaxin use to date. Regarding Tizanidine 4mg, there is no documentation of spasticity, Tizanidine is used as a second line option, the intention to treat over a short course (less than two weeks) and functional benefit or improvement as a reduction in

work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tizanidine use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg QTY 100: 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 Page(s): 74-80; 113. Decision based on Non-MTUS Citation Title 8, California Code of Regulations,

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. In addition, specifically regarding Tramadol, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of sacroiliac joint dysfunction, lumbago, and hip/pelvic pain. In addition, given documentation of pain medication agreement, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, there is documentation that Tramadol used as a second line treatment. However, despite documentation of pain, there is no (clear) documentation of moderate to severe pain. In addition, given documentation of ongoing treatment with Tramadol and despite documentation that Tramadol works well for the patient's pain and keeps her under good control, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tramadol use to date. Therefore, based on guidelines and a review of the evidence, the request for Tramadol 50mg QTY 100 QTY 1 is not medically necessary.

Gabapentin 300mg QTY 180: 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 Gabapentin (Neurontin) Page(s): 18-19. Decision based on Non-MTUS Citation Title 8, California Code of Regulations,

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain, as criteria necessary to support the medical necessity of Neurontin (gabapentin). MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of sacroiliac joint dysfunction, lumbago, and hip/pelvic pain. In addition, there is documentation of neuropathic pain. However, given documentation of ongoing treatment with Gabapentin, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Gabapentin use to date. Therefore, based on guidelines and a review of the evidence, the request for Gabapentin 300mg QTY 180 QTY 1 is not medically necessary.

Skelaxin 800mg QTY 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 Metaxalone (Skelaxin) Page(s): 61. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Title 8, California Code of Regulations

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of chronic low back pain, used as a second line option, and utilization limited to short term, as criteria necessary to support the medical necessity of Skelaxin. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of sacroiliac joint dysfunction, lumbago, and hip/pelvic pain. However, there is no documentation of acute muscle spasm. In addition, there is no documentation that Skelaxin is used as a second line option. Furthermore, given documentation of records reflecting prescriptions for Skelaxin since at least 5/15/14, there is no documentation of the intention to treat over a short course (less than two weeks). Lastly, given documentation of ongoing treatment with Skelaxin, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Skelaxin use to date. Therefore, based on guidelines and a review of the evidence, the request for Skelaxin 800mg QTY 60 QTY 1 is not medically necessary.

Tizanidine 4mg QTY 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 Antispasticity/Antispasmodic Drugs (Tizanidine (Zanaflex)) Page(s): 66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Title 8, California Code of Regulations

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of spasticity, as criteria necessary to support the medical necessity of Tizanidine. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of sacroiliac joint dysfunction, lumbago, and hip/pelvic pain. However, there is no documentation of spasticity. In addition, there is no documentation of Tizanidine used as a second line treatment. Furthermore, given documentation of records reflecting prescriptions for Tizanidine since at least 5/15/14, there is no documentation of the intention to treat over a short course (less than two weeks). Lastly, given documentation of ongoing treatment with Tizanidine, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tizanidine use to date. Therefore, based on guidelines and a review of the evidence, the request for Tizanidine 4mg QTY 60 QTY 1 is not medically necessary.