

<b>Case Number:</b>	CM14-0176090		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	06/19/2013
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 Emergency 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:

The injured worker is a 44 year-old male, who sustained an injury on June 19, 2013. The mechanism of injury occurred when he was hit by a patient. Pertinent diagnostics were not noted. Treatments have included: psychotherapy, medications. The current diagnoses are s/p head injury, headaches, depression, and chronic cervicothoracic strain. The stated purpose of the request for Tizanidine 4mg was not noted. The request for Tizanidine 4mg was modified for QTY 60 on September 26, 2014, citing a lack of documentation of functional improvement. The stated purpose of the request for Tramadol 50mg was not noted. The request for Tramadol 50mg was denied on September 26, 2014, citing a lack of documentation of functional improvement. The stated purpose of the request for TG Hot 120gram jar was not noted. The request for TG Hot 120gram jar was denied on September 26, 2014, citing a lack of documentation of intolerance of oral medications. The stated purpose of the request for H-wave home trial (days was not noted. The request for H-wave home trial (days was denied on September 26, 2014, citing a lack of documentation of failed TENS trial or participation in a functional restoration program. Per the report dated September 3, 2014, the treating physician noted that a home exercise program has helped reduce his pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 4mg:** 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 Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The requested Tizanidine 4mg is not medically necessary. The CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, pages 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The treating physician has documented that a home exercise program has helped reduce his pain. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Tizanidine 4mg is not medically necessary.

**Tramadol 50mg:** 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, On-Going Management, , Opioids for Chronic Pain, , and Tramadol NEW FDA WARNING:.

**Decision rationale:** The requested Tramadol 50mg is not medically necessary. The CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, pages 78-80, Opioids for Chronic Pain, pages 80-82, and Tramadol, page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The treating physician has documented that a home exercise program has helped reduce his pain. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. Also, per New FDA warning, Ultram is now considered to place certain patients at higher risk for suicide. These patients include those that are: 1. suicidal, 2. suffering from emotional disturbance or depression, 3. addiction-prone, 4. taking tranquilizers or anti-depressant drugs, 5. use alcohol in excess. This injured worker has a documented history of depression and use of anti-depressant medication. The criteria noted above not having been met, Tramadol 50mg is not medically necessary.

**TG Hot 120gram jar:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** The requested TG Hot 120gram jar, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The treating physician has documented that a home exercise program has helped reduce his pain. The treating physician has not documented trials of anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis. The criteria noted above not having been met, the request for TG Hot 120gram jar is considered not medically necessary.

**H-wave home trial (days):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave Stimulation (HWT) Page(s): 117-118.

**Decision rationale:** The requested H-wave home trial (days), is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Pages 117-118, H-Wave Stimulation (HWT), noted that H-wave is "Not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain, or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." The treating physician has documented that a home exercise program helped reduce his pain. The treating physician has not documented detailed information regarding TENS trials or their results. The criteria noted above not having been met, H-wave home trial is considered not medically necessary.