

Case Number:	CM14-0176290		
Date Assigned:	10/29/2014	Date of Injury:	05/25/2010
Decision Date:	12/05/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/24/2014

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 Orthopedic Spine Surgeon and is licensed to practice in Texas. 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 (IW) is a 56-year-old man who sustained a cumulative trauma to his low back and cervical spine in the course of performing his duties as an equipment operator. The date of injury is May 25, 2010. Pursuant to the most recent progress note dated September 10, 2014, the IW has complaints of low back pain and neck pain. He also complains of frequent headaches. Physical examination findings indicated a blood pressure of 118/80. There was head and neck tenderness and decreased range of motion of the cervical spine. The IW was diagnosed with chronic neck pain, low back pain, ulnar nerve entrapment, hearing loss due to old head trauma, and headaches. Treatments have included medications, elbow neuroplasty and/or transposition. His medications include daily narcotics, use of NSAIDs when necessary, and nighttime use of muscle relaxants. Current medications include: Tramadol 300mg, Norco 10/325mg, Naproxen 500mg, Tizanidine 6mg, and Ramipril 10mg. Documentation indicated that the Tizanidine 6mg was started on May 27, 2014. He says that without the medications his quality of life suffers. With medications he is able to carry out activities of daily living and some minor household chores. The IW was educated on diet and exercise, and weight reduction. Current height is 71 inches and weight is 273 pounds. Medications were refilled and the IW was instructed to follow-up in 4 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 300mg #30 plus 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiate Use Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter; Opiates Use

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol 300 mg #30 with 3 refills is not medically necessary. Ongoing management of long-term opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include current pain; the least reported pain over the period since last assessment; intensity of pain after taking the opiate; average pain; how long it takes for pain relief; and how long pain relief last. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improved quality of life. In this case, there is documented symptomatic and functional objective improvement from the continued use of Tramadol. There are no red flags concerning misuse and abuse with ongoing tramadol use, however, the injured worker requires follow-up to gauge appropriate functional improvement and consequently Tramadol 300 mg #30 with three refills is not medically necessary. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, tramadol 300 mg #30 with three refills is not medically necessary.

Norco 10/325mg #150 plus 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Opiate Use Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter Opiate Use

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines in the Official Disability Guidelines, Norco 10/325 mg #150+3 refills is not medically necessary. Ongoing management of long-term opiate use requires an ongoing review with documentation of pain relief, functional status, appropriate medication use and side effects. Satisfactory response to treatment may be indicated by the patients decrease pain, increased level of function or improved quality of life. In this case, there is both symptomatic and functional objective improvement in the medical record from the continued use of Norco. There are no red flags concerning misuse and abuse with ongoing work use. However, the injured worker requires close follow-up because of concurrent Tramadol use in addition to Norco use with multiple refills. While the Norco is medically indicated, Norco 10/325 mg #150 with three refills is not medically necessary. Based on the clinical information the medical record in the peer-reviewed evidence-based guidelines, Norco 10/325 mg #150 with three refills is not medically necessary.

Tizanidine HCL 6mg #30 plus 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Sedating Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Muscle Relaxants

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Muscle relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment guidelines and the Official Disability Guidelines, Tizanidine 6 mg #30+3 refills are not medically necessary. Muscle relaxants, non-sedating, indicated for short-term use in treatment of acute low back pain. The ODG recommends also relaxants for short-term use with a duration of less than two weeks for treatment of acute exacerbations of low back pain. In this case, there is no documentation of muscle spasm relief from the use of this medication. Additionally, long-term use is not clinically indicated. The injured worker started Tizanidine May 2014. Consequently, Tizanidine 6 mg #30+3 refills are not medically necessary. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, Tizanidine 6 mg #30 with three refills is not medically necessary.

Ramipril 10mg #90 plus 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter; Anti-hypertensives

Decision rationale: Pursuant to the Official Disability Guidelines, Ramipril 10 mg #90 with 3 refills is not medically necessary. The guidelines state Ramipril is the first choice medication and step therapy for hypertension after diet and exercise modifications. In this case the injured worker's blood pressure is within normal limits. On September 10, 2014, the blood pressure was 118/80 (sitting). Additionally there is no documentation that diet and exercise modifications have been tried and failed. The most relevant clinical fact, however, is that the blood pressure is well within normal limits and the hypertensive medications are not indicated at this time. Consequently, Ramipril 10 mg #90 with 3 refills is not medically necessary.