

<b>Case Number:</b>	CM14-0023724		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	08/22/2012
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	02/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in California and Washington. 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 60-year-old female who reported an injury on 8/22/12. The mechanism of injury was not provided for clinical review. The diagnosis is a medial meniscal tear. Previous treatments include medication and an MRI. The MRI of the left knee dated 10/29/13 reported there was no visualized abnormal marrow signal to suggest fracture or lesion. The anterior and posterior cruciate ligaments are within normal limits. The medial and lateral collateral ligamentous structures are within normal limits. The patella was well seated within the femoral groove for approximately 5 degrees of flexion to approximately 30 to 35 degrees of flexion. No patellar subluxation is observed. There was a horizontal tear of the body of the medial meniscus, and a tear of the meniscal root with 4.3 mm of medial extrusion of the body. The MRI noted joint effusion, tricompartmental chondromalacia, and osteoarthritis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAMADOL 50MG #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 Page(s): 78.

**Decision rationale:** The California MTUS guidelines recommend ongoing review of documentation, status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen for issues of abuse, addiction, or poor pain control. The provider failed to document adequate and complete pain assessment within the documentation. There is a lack of documentation indicating the medication had been providing objective functional benefit and improvement. The use of a urine drug screen was not provided for clinical review. There is a lack of clinical documentation submitted for review. The injured worker has been utilizing the medication since at least September 2013. The request submitted failed to provide the frequency of the medication. As such, the request is not medically necessary.

**ZANAFLEX 4MG #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 Page(s): 63-64.

**Decision rationale:** The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. Muscle relaxants may be effective in reducing pain and muscle tension, and increase mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs and overall improvement. There is lack of significant objective findings indicating the injured worker is treated for and diagnosed with muscle spasms. The injured worker has been utilizing the medication since at least September 2013, which exceeds guideline recommendations of short-term use. The request submitted failed to provide the frequency of the medication. There is a lack of significant clinical documentation submitted for review. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. As such, the request is not medically necessary.