

<b>Case Number:</b>	CM14-0026350		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	11/27/2010
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Nuerological Surgery 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 34-year-old male injured on November 27, 2010. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated January 15, 2014, indicates that there are ongoing complaints of right knee pain. The physical examination demonstrated range of motion from 90 degrees to 130 degrees, and tenderness at the medial and lateral joint lines. Previous treatment includes a right knee arthroscopy on November 19, 2013. A request had been made for Tizanidine, and tramadol and was not grnated in the preauthorization process on February 4, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TIZANIDINE 4MG 1TID PRN #90, 3DAYS REFILL 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009), Tizanidine (Zanaflex) Page(s): 63,66.

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

**Decision rationale:** Tizanidine is a muscle relaxant. According to the Chronic Pain Medical Treatment Guidelines muscle, relaxants are intended as a second line option for short-term treatment or acute exacerbations of patients with chronic low back pain. The injured employee

does not have low back pain but rather is experiencing postoperative difficulties of the right knee. Therefore, this request for Tizanidine is not medically necessary.

**TRAMADOL 50MG, 1 TID PRN, #90, 30DAYS REFILL 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009), Tramadol/Ultram Page(s): 94.

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

**Decision rationale:** According to Chronic Pain Medical Treatment Guidelines, tramadol is an opioid analgesic that is not recommended as a first line oral pain medication. There is no documentation in the attached medical record that the injured employee has failed treatment with first-line medications. These medications such as NSAIDs should be tried first prior to the use of Tramadol. For this reason this request for Tramadol is not medically necessary.