

<b>Case Number:</b>	CM14-0029727		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	09/22/2000
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 Anesthesiology, has a subspecialty in Pain 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 53-year-old female with a 9/22/00 date of injury. At the time (12/16/13) of request for authorization for Ultram 50mg #90 with 3 refills and Zanaflex 4mg #90 with 3 refills, there is documentation of subjective (chronic neck pain, back pain, and right shoulder pain rated as a 5 out of 10) and objective (tenderness to palpation over the cervical facet joints, base of the occiput, trapezius, and levator scapulae with trigger points; decreased cervical range of motion with pain; right shoulder tenderness over the lateral border with decreased range motion; and tenderness to palpation over the lumbar paraspinal muscles with decreased range of motion) findings, current diagnoses (lumbago, sacroiliac joint dysfunction, cervicgia, and myofascial pain syndrome/fibromyalgia), and treatment to date (Ultram, Zanaflex, and NSAIDs since at least 6/4/12).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ULTRAM 50MG, #90 WITH 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 Opioids Page(s): 74-80, 113.

**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 Ultram, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Ultram used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Ultram. 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 lumbago, sacroiliac joint dysfunction, cervicgia, and myofascial pain syndrome/fibromyalgia. In addition, there is documentation of moderate pain and that Ultram is being used as a second-line treatment (in combination with first-line drugs (NSAIDs)). However, there is no 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. In addition, given documentation of ongoing treatment with Ultram since at least 6/4/12, 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 use of Ultram. Therefore, based on guidelines and a review of the evidence, the request for Ultram 50mg #90 with 3 refills is not medically necessary.

**ZANAFLEX 4MG, #90 WITH 3 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS.

**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).

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of spasticity, as criteria necessary to support the medical necessity of Zanaflex. 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. 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 lumbago, sacroiliac joint dysfunction, cervicgia, and myofascial pain syndrome/fibromyalgia. In addition, there is documentation of chronic pain. However, there is no documentation of acute exacerbations of chronic pain. In

addition, given documentation of ongoing treatment with Zanaflex since at least 6/4/12, there is no documentation of short-term (less than two weeks) treatment 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 use of Zanaflex. Therefore, based on guidelines and a review of the evidence, the request for Zanaflex 4mg #90 with 3 refills is not medically necessary.