

Case Number:	CM14-0041566		
Date Assigned:	06/30/2014	Date of Injury:	09/06/2001
Decision Date:	08/22/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/07/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 41- year-old male was reportedly injured on April 14, 2005. The mechanism of injury is a fall from the roof of a house onto the ground. The most recent progress note, dated June 19, 2014, indicates that there are ongoing complaints of right knee and right ankle pain. Current medications include Vicodin, Reglan, and Colace. The physical examination demonstrated tenderness over the medial joint line of the right knee and range of motion from 0 to 130. No ligamentous laxity was noted. There was a normal lower extremity neurological examination. Diagnostic imaging studies reported mild degenerative joint disease of the medial compartment of the right knee and a small medial meniscus tear. Previous treatment includes surgery for ankle fracture, right knee surgery, physical therapy, and home exercise. A request had been made for a prescription of Ultram and Tizanidine and was not certified in the pre-authorization process on March 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Ultram 50mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 74-78 of 127.

Decision rationale: Ultram is a short-acting opioid combined with acetaminophen. The MTUS supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain and has previously been prescribed Vicodin on several occasions. However, there is no clinical documentation of improvement in his pain or function with this medication or any reasoning for a change to Ultram. As such, this request for Ultram is not medically necessary.

1 Prescription of Tizanidine 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Muscle relaxants (for pain) Page(s): 63-66 of 127.

Decision rationale: Tizanidine is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. For these reasons, this request for Tizanidine is not medically necessary.