

<b>Case Number:</b>	CM14-0044198		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/26/2012
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2014

### 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 Emergency 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:

Patient is presented with a reported date of injury on 6/26/2012. Mechanism of injury is described as right sided low back pain while lifting at work. Diagnoses include thoracic/lumbar neuritis/radiculitis and lumbosacral spondylosis. The patient is post lumbar medial branch radio frequency neurotomy at L4, L5 and S1 branch on both sides. Multiple medical records from the primary treating physician and consultants reviewed. Last report from 6/2014 reported, that the patient complained of low back pain. Pain is right lower pelvic brim radiating to mid lumbar region and inferiorly to L hip and knee; tingling to 2 left toes; pain is constant, 6-8/10 intensity; pain worsens with bending, twisting, pushing, pulling, lifting or carrying. Pain improves with stretching, prescription meds, head and rest. Objective exam reveals moderately decreased lordosis with moderate tenderness to right pelvic brim and junction; there is mild right sciatic notch tenderness; atrophy of gluteal muscles; left muscle mass is greater than right side; decreased range of motion; extension and rotation to right worsens pain; and gait is normal. There are no listed prior treatments or prior medications attempted. Current medications include Flector Patch, Zanaflex and Conzip. EMG (12/18/13) as reported by treating physician shows L5-S1 radiculopathy on right side. MRI of lumbar spine (7/12/12) shows L2-3 mild stenosis, mild facet arthropathy, L4-5 mild facet arthropathy and mild congenital spinal stenosis at L2-3. Utilization review is for Conzip capsule 200mg #30. Prior UR on 3/11/14 recommended partial certification to 15 tablets.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Conzip capsule 200 mg - Quantity 30 - Days Supply 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 78, 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 76-78.

**Decision rationale:** Conzip is an extended released tramadol. Tramadol is an artificial opioid. As per MTUS Chronic Pain Medical Treatment Guidelines, chronic opioid use must meet specific criteria for continued recommendation. In this case, the documentation provided does not support the continued ongoing management and use of Conzip. There is no documentation of objective improvement in analgesia or activity of daily living. There is only vague documentation that pain medications "help" improve the pain. There is no documentation of monitoring of adverse events and/or aberrant behavior. Furthermore, the documentation does not meet criteria for continued use of Conzip. Therefore, the request for ConZip capsule 200 mg, quantity 30 is not medically necessary and appropriate.