

Case Number:	CM14-0051261		
Date Assigned:	06/23/2014	Date of Injury:	07/21/1967
Decision Date:	07/22/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/21/2014

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. 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 46 year old male who reported an injury on 07/21/2006. The mechanism of injury was not provided in the clinical notes. The injured worker's diagnoses included ruptured disc L3-S1, and status post anterior posterior lumbar fusion at L3-L4, L4-L5, and L5-S1 on 10/01/2001. The injured worker had a history of lower back pain. Upon examination on 02/27/2014, the injured worker had been taking 5 Norco daily to help manage the pain. Objective findings included tenderness to palpation of the lumbar bilateral paraspinals, limited range of motion, and no change in neurological status. The patient's medication regimen included Tramadol ER 100mg, MS Contin 30 mg, and Tizanidine 4 mg. The treatment plan included recommendations for discontinuing Norco due to acetaminophen content, continuing MS Contin for long term pain coverage, and Tramadol for breakthrough pain in between. Prior treatment included 24 postoperative physical therapy sessions. The treatment request was for 1 prescription of Tramadol ER 100mg #60 and 1 prescription for Tizanidine 4mg #120 with 1 refill. The request for authorization form was not provided within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for 1 prescription for Tramadol ER 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: The request for 1 prescription for Tramadol ER 100mg #60 is not medically necessary. The injured worker has a past history of lower back pain. The California MTUS guidelines state central analgesics drugs such as Tramadol are reported to be effective in managing neuropathic pain. The guidelines note on-going management should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. The medical records provided indicate an ongoing prescription for Tramadol ER since at least 06/05/2013. There is a lack of documentation regarding significant pain relief, functional improvement, appropriate medication use, and side effects. The request does not specify the frequency of the medication. As such, the request for 1 prescription for Tramadol ER 100mg #60 is not medically necessary.

Request for prescription for Tizanidine 4mg #120 with 1 refill: 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 Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The request for prescription for Tizanidine 4mg #120 with 1 refill is not medically necessary. The injured worker has a past history of lower back pain. The California MTUS guidelines state that Tizanidine is FDA approved for management of spasticity; unlabeled use for low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The medical records provided indicate an ongoing prescription for Tizanidine since at least 06/05/2013. There is no evidence that the injured worker had muscle spasms to warrant this medication at this time. The rationale for the request was not provided. Additionally, the request does not specify the frequency of the medication. The guidelines do not support the long term use of muscle relaxants; therefore, continued use of Tizanidine is not supported. As such, the request for prescription for Tizanidine 4mg #120 with 1 refill is not medically necessary.

