MAXIMUS Federal Services

Case Number:	CM14-0059585		
Date Assigned:	07/09/2014	Date of Injury:	08/22/2008
Decision Date:	08/27/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/30/2014

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, 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 pain management report dated 3/17/2014, the patient presented for an initial consultation regarding complaints of neck pain, bilateral shoulder pain, and bilateral wrist pain. She is working as an office technician with modified duties. Cervical neck pain is rated 7/10, there are frequent headaches and muscle spasm. Left shoulder range of motion (ROM) has improved since surgery, but there is residual stiffness. She has bilateral wrist/hand pain with numbness/tingling. Pain has improved following carpal tunnel release (CTR), but there is residual with numbness and tingling. Current medications are Advil and occasional Vicodin. Physical examination documents moderate to severe right trapezius trigger point and right paracervical guarding and tenderness, positive axial compression and Spurling sign on the right. There are well-healed portal incisions at the right shoulder and bilateral volar wrist, bilateral shoulder tenderness, limited flexion/abduction and internal rotation of the bilateral shoulders more limited on the left shoulder, negative impingement signs, ROM of the elbows and wrists, negative orthopedic tests at the wrists, 2/2/4 right and 12/12/10 left JAMAR grip, 4/5 upper extremity strength on the right and 5/5 on the left, intact sensory dermatomes, 2+ reflexes, and positive Hoffman's on the right. Diagnostic impressions: 1. Bilateral shoulder impingement, status post left shoulder arthroscopic decompression in 2012 with residuals; 2. Status post bilateral CTR with residuals; 3. Right cervical radiculitis. Recommendations are request authorization for C4-5 interlaminar epidural steroid injection (ESI), and authorization for Tramadol 50mg and Tizanidine 4mg. According to the secondary treating physician PR-2 dated 6/2/2014, the patient returns with questions regarding cervical epidural steroid injection (CESI). She reports ongoing pain in the neck with some pain radiating into upper extremities. She continues medications, which she feels are helpful and continues home exercise program (HEP). Objective findings document moderate to severe pain to palpation throughout the cervical

musculature with trigger points noted. There is positive axial head compression test on the right, decreased ROM secondary to pain, bilateral shoulder tenderness and decreased bilateral shoulder ROM due to pain, and positive Hoffman sign on the right. Urine drug screen collected showed negative for opioids and illicit substances, consistent with prescribed medications. Treatment plan is patient will consider CESI, request authorization for Tramadol and Tizanidine, qualitative urine drug test administered and test ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. It is noted that according to 3/17/2014 report, the patient complained of 7/10 pain and subsequent Primary Treating Physician's Progress Report (PR)-2 reports document complaints of moderate to severe level pain. There is no indication that the patient is routinely taking any medications stronger than NSAIDs. Based on these factors, a trial of Tramadol 50 mg would be indicated. The guidelines recommend when initiating opioid, start with a short-acting opioid trying one medication at a time. The medical records support the request for Tramadol 50mg, and a trial of Tramadol 50mg bid #60 is supported and consistent with guideline recommendations. Further consideration would require detailed documentation of the patient's response to Tramadol trial as required by the evidence based CA MTUS guidelines. Therefore, the request for Tramadol 50mg is medically necessary and appropriate.

Tizanidine 4mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 66.

Decision rationale: The CA MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Tizanidine is a muscle relaxant that is Federal Drug Association FDA approved for management of spasticity; unlabeled use for low back pain. The medical records do not document objective examination findings that establish the patient has spasticity; no spasms are documented on examination. There is no evidence of an acute exacerbation.

Chronic use of muscle relaxants is not recommended. In addition, the patient is taking NSAIDs. The guidelines state muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Consequently, the medical necessity of Tizanidine has not been established. The request for Tizanidine 4mg is not medically necessary and appropriate.