

<b>Case Number:</b>	CM14-0078754		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/20/2009
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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 Preventative 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:

The injured worker is a 37-year-old male who reported an injury on 10/20/09. The request on 4/24/14 for Ultram ER 100mg #90, Zanaflex 4mg #90 and Restoril 15mg #30 included documentation of subjective right knee pain of 6-7/10 with medications and 9/10 without. There was also objective documentation of antalgic gait, swelling and scaring over the right leg, and tenderness to palpation over the right knee. The current diagnoses include; right knee lateral meniscus injury, right tibial plateau fracture, status post open reduction and internal fixation. Treatment with Norco was also noted. There was no documentation that the Ultram ER 100mg was from a single practitioner, nor was there documentation of whether it was taken as directed; or if the lowest possible dose was being prescribed. There was also no documentation on whether or not there would be mention of ongoing documentation regarding pain relief, functional status, appropriate medication use, and/or side effects. In addition, there was no documentation of spasticity, regarding Zanaflex used as a second line option for short-term (less than two weeks.)

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4,g #90:** 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 Tizanidine. 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. Within the medical information available for review, there is documentation of diagnoses of right knee lateral meniscus injury, right tibial plateau fracture, status post open reduction and internal fixation. However, there is no documentation of spasticity or of Zanaflex used as a second line option. In addition, given the documentation of the requested Zanaflex #90, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, the request for Zanaflex 4 mg #90 is not medically necessary.

**Restoril 15mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. Within the medical information available for review, there is documentation of diagnoses of right knee lateral meniscus injury, right tibial plateau fracture, status post open reduction and internal fixation. However, there is no documentation of the intention to treat over a short course (up to 4 weeks). Therefore, the request for Restoril 15mg #30 is not medically necessary.