

<b>Case Number:</b>	CM14-0099008		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	02/08/2009
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industry injury of February 8, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated June 2, 2014, the claims administrator failed to approve a request for Zanaflex, Naprosyn, and Tramadol. The applicant's attorney subsequently appealed. In a May 20, 2014 progress note, the applicant reported persistent complaints of low back pain, 10/10 without pain medications. The applicant stated that extended-release tramadol was working for him better than previously employed Norco. The attending provider did not quantify the applicant's decrements in pain, however, nor did the attending provider elaborate or expound upon any improvements in function achieved as a result of the same. The applicant was having difficulty walking, it was noted, and was using a cane in the clinic setting. Multiple medications were refilled. The applicant's permanent work restrictions were also sought. The attending provider also sought authorization for epidural steroid injection therapy. In an earlier note dated November 19, 2013, it was again acknowledged that the applicant was permanent and stationary. The applicant did not appear to be working with permanent limitations in place. The applicant stated that he was still having difficulty walking, despite ongoing medication consumption.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg #60: 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 Tizanidine/Zanaflex Page(s): 66;7.

**Decision rationale:** While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that antispasmodics such as Zanaflex are FDA approved in the management of spasticity and can be employed off label for low back pain, as is present here, this recommendation is qualified by commentary on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the applicant is seemingly off of work. Permanent work restrictions remain in place, unchanged, from visit to visit. Ongoing usage of Zanaflex had failed to diminish the applicant's work restrictions or curtail the applicant's dependence on other forms of medical treatment, including opioids such as tramadol as well as the proposed/planned epidural injection. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request is not medically necessary

**Naproxen 550mg #60: 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 Antiinflammatory Page(s): 22,7.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represent a traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant is off of work. Ongoing usage of Naprosyn has failed to curtail the applicant's dependence on other forms of medical treatment, including opioid agents such as tramadol. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. The applicant is having difficulty performing even basic activities of daily living such as standing and walking. All of the above, taken together, suggests a lack of functional improvement despite ongoing usage of Naprosyn. Therefore, the request is not medically necessary.

**Tramadol ER 150mg #60: 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 Antiinflammatory Medications topic. Page(s): 22;7.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant is having difficulty performing basic activities of daily living such as standing and walking. The applicant is walking with the aid of a cane, the attending provider wrote on several occasions. While the attending provider stated that the applicant's pain levels were diminished as a result of ongoing medication consumption, including ongoing tramadol consumption, the attending provider failed to recount or describe any material improvements in function achieved as a result of the same. The applicant's self-reports of analgesia with medications, thus, is outweighed here by the applicant's failure to return to any form of work and the applicant's continued difficulty performing activities of daily living as basic as standing and walking. Therefore, the request is not medically necessary.