

<b>Case Number:</b>	CM14-0195352		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	05/13/2011
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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 Internal 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 (IW) is a 63-year-old woman with a date of injury of May 13, 2011. The mechanism of injury was not documented in the medical record. The current working diagnoses include right knee pain; thoracic pain; left hip pain; history of distant Staph infection; and left hip trochanteric bursitis. MRI dated June 9, 2011 shows severe tricompartmental osteoarthritis, extensive complex degenerative tearing for the medial meniscus, horizontal tear at the lateral meniscus and anterior horn, moderate joint effusion, popliteal cyst, and posterior loose bodies. Pursuant to the Primary Treating Physician's Progress Report (PR-2) dated October 7, 2014, the IW complains of persistent right knee pain, and left hip pain. The pain medication continues to give her relief and improved function. Pain level before medication is 7/1-, and 3/10 after medications. Medications allow her to walk and stand for longer periods of time as well as carry out activities of daily living. The IW is not having adverse side effects or aberrant behaviors. She is not requesting early refills. On exam, there is tenderness to palpation over the hip trochanter that radiates into her lateral thigh and posterior hip consistent with trochanteric bursitis. Current medications include Tramadol 50mg, Zanaflex 4mg, Prilosec 20mg, Naproxen 550mg, Clindamycin 300mg, and Glipizide ER 5mg. There is 1 other progress note in the medical record dated July 15, 2014 which indicated that the IW was taking all of the aforementioned medications and was given a 3 month supply, Tramadol 50mg #600, and Tizanidine 4mg #180).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication: Tramadol 50MG, days supplied: 90 Days, #600: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates-Tramadol

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol 50 mg 90 day supply #600 is not medically necessary. Ongoing, chronic opiate use requires ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany the ongoing opiate use. Lowest possible dose should be prescribed to improve a function. In this case, the injured worker has continued complaints of right knee pain and pain in the left hip. The injured worker's diagnoses are right knee pain; thoracic pain, left hip pain, history of distance after infection and left hip joint enteric bursitis. Left knee pain is characterized by severe tricompartmental osteoarthritis and extensive complex degenerative tearing of the medial meniscus, horizontal tear of lateral meniscus and anterior horn, moderate joint effusion. The treating physician gave a Tramadol 50 mg two tablets TID #600. Documentation does not contain detailed pain assessments and evidence of objective functional improvement. There are 2 progress notes in the medical record. One progress note from July 2014 and one from October 2014. There is no reduction in the opiate tramadol dose. #600 tablets are being dispensed to be taken over a three-month period. The directions are two tablets three times a day. This would total #180 tablets a month. This would total 480 tablets over three months. Yet the prescription is for #600 tablets with no follow-up in between. Consequently, absent the appropriate dispensing and total number of tablets without any clinical follow-up or reduction in dosing, Tramadol 50 mg ninety-day supply #600 is not medically necessary.

**Medication: Zanaflex 4MG, days supplied: 90 days, #180: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Zanaflex 4 mg 90 day supply #180 is not medically necessary. 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. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker has continued complaints of right knee pain and pain in the left hip. The injured worker's diagnoses are right knee pain; thoracic pain, left hip pain, history of distance after infection and left hip joint enteric bursitis. Left knee pain is

characterized by severe tricompartmental osteoarthritis and extensive complex degenerative tearing of the medial meniscus, horizontal tear of lateral meniscus and anterior horn, moderate joint effusion. The treating physician gave a Tramadol 50 mg two tablets TID #600. In a progress note dated July 15, 2014 and a progress note dated October 7, 2014 the treating physician prescribed Zanaflex 4 mg #180. There is no documentation of objective functional improvements in medical record. Additionally, Zanaflex is indicated 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. The treating physician clearly exceeded the recommended guidelines for Zanaflex use. Additionally, the documentation does not reflect the injured worker is being treated for low back pain. The injured worker is being treated for left knee pain and right knee pain abnormalities. Consequently, absent the appropriate clinical indications, lack of objective functional improvement and the use of Zanaflex in clear excess of the recommended guidelines, Zanaflex 4 mg 90 day supply #180 is not medically necessary.