

<b>Case Number:</b>	CM14-0198924		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	05/15/2012
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 Rehab 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 claimant had a date of injury of 5/5/2012. She is managed for ongoing mid and low back pain with intermittent radiation to lower extremities. Current medication includes tramadol 50 mg qid prn with average use of 1-2 pills daily and Zanaflex 4 mg. Prior NSAID trial was not tolerated due to GI side effects. Her occupational function is improved with use of the medication and she has returned to work. The requests are for tramadol 50 mg #120 and Zanaflex 4 mg # 30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50 MG #120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

**Decision rationale:** CA MTUS allows for the use of opioid medication, such as tramadol, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any

adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case documents improvement in function with limited use of tramadol, addresses the tolerability of the medication and does address the efficacy of concomitant medication therapy. The use of medication has allowed the claimant to return to work therefore; the record does support medical necessity of ongoing opioid therapy with tramadol.

**Zanaflex 4 MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 63-66.

**Decision rationale:** The CA MTUS allows for the use, with caution, of non-sedating muscle relaxers as second line treatment for acute exacerbations of chronic low back pain. While they may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. Zanaflex 4 mg #30 is not medically indicated.