

Case Number:	CM15-0009042		
Date Assigned:	01/27/2015	Date of Injury:	04/30/2014
Decision Date:	03/17/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/15/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 29 year old female who sustained a work related injury April 30, 2014. While getting off a ladder, she heard a pop as she stepped down and twisted her right knee. She had been treated with medications, ice, and physical therapy with a diagnosis of right knee sprain. An MRI(magnetic resonance imaging) of the right knee dated June 16, 2014 (report present in medical record) reveals a small joint effusion right knee, Grade III articular cartilage degeneration of the femorotibial and patellofemoral joint; intact ligamentous and meniscal structures. According to a treating physician's progress report dated December 8, 2014, the injured worker presented for a follow-up for persistent knee symptoms. Objectively, the knee shows crepitation with joint line tenderness medial greater than lateral with 1 + swelling. There is extension 180 degrees, flexion 120 degrees, motor strength 5/5. The dorsolumbar spine reveals flexion 80 degrees, extension 20 degrees, right and left bending 20 degrees, negative standard leg raise and negative Fabere. Diagnoses included low back pain and right knee sprain/strain with degenerative changes. Treatment plan includes an orthopedic knee evaluation, right knee brace, and Ultram and Tizanidine. Work status is documented as return to work with modified duties; limited lifting 10 pounds, limited bending or stooping, no climbing heights or ladders and no kneeling or squatting. According to utilization review dated December 17, 2014, the request for Tizanidine 2mg #60 with (1) refill has been modified to Tizanidine 2mg #34. The request for Ultram 50mg #60 with (1) refill has been modified to Ultram 50mg #34.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizandine 2 mg, sixty count with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Decision based on Non-MTUS Citation Pain section, Muscle relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tizanidine 2 mg #60 with one refill 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's working diagnoses are low back pain; right knee sprain/strain with degenerative changes. Subjectively, the injured worker states: "As far as her medicines, she is not on Tizanidine and Ultram. They do not help" The injured worker states her knee braces are worn out and she wants a new brace. There were no complaints in the lumbar spine. Objectively, there is crepitation with joint line tenderness in the knee. Motor strength is 5/5 there were no lumbar spasms document. The documentation indicates the injured worker has been taking Tizanidine 2mg since June 4, 2014. Despite the injured worker's statement, the medicines do not help; the treating physician is refilling the medication. There is no documentation with objective functional improvement. Consequently, absent clinical documentation with objective functional improvement with a statement from the injured worker that the medications do not help, Tizanidine 2 mg #60 with one refill is not medically necessary.

Ultram 50 mg, sixty count with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ultram (Tramadol) ER 150 mg #60 with 1 refill is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are low back pain; right knee sprain/strain with degenerative changes. Subjectively, the injured worker states: "As far as her medicines, she is not on Tizanidine and Ultram. They do not help". The injured worker states her knee braces are worn out and she wants a new brace. There were no complaints in the lumbar spine. Objectively, there

is crepitation with joint line tenderness in the knee. Motor strength is 5/5 there were no lumbar spasms document. The documentation indicates the injured worker has been taking Ultracet 37.5/325mg since June 4, 2014. Despite the injured worker's statement, the medicines do not help, the treating physician is refilling the medication. There is no documentation with objective functional improvement. Consequently, absent clinical documentation with objective functional improvement with a statement from the injured worker that the medications do not help, Ultram 50mg #60 with one refill is not medically necessary.