

Case Number:	CM15-0011514		
Date Assigned:	01/28/2015	Date of Injury:	02/25/2012
Decision Date:	12/31/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/20/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 62-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 25, 2012. In a Utilization Review report dated December 19, 2014, the claims administrator failed to approve requests for tramadol and Zanaflex. The claims administrator referenced a progress note dated December 11, 2014 in its determination. The applicant's attorney subsequently appealed. On June 20, 2014, the applicant reported ongoing issues with chronic neck and low back pain. The applicant was asked to consult a pain management specialist to consider epidural steroid injection. No seeming discussion of medication selection or medication efficacy transpired. On October 16, 2014, the applicant again reported ongoing issues with chronic neck and low back pain. Once again, no seeming discussion of medication efficacy transpired. The applicant's work status was not reported. The applicant was asked to consult a pain management physician and consider injection therapy. The claims administrator's medical evidence log suggested the October 16, 2014 office visit in fact represented the most recent note on file. Thus, the December 11, 2014 office visit which the claims administrator based its decision upon was not seemingly incorporated into the IMR packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: No, the request for tramadol, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment 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. Here, however, the applicant's work status was not reported on October 16, 2014 suggesting the applicant was not, in fact, working. While it is acknowledged that the December 11, 2014 office visit in which the claims administrator based its decision upon was not seemingly incorporated into the IMR packet, the historical information on file failed to support or substantiates the request. The historical progress of October 16, 2014 did not seemingly incorporate any discussion of the applicant's work status, functional status, and response to medication therapy. Therefore, the request was not medically necessary.

Zanaflex 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Muscle relaxants (for pain).

Decision rationale: Similarly, the request for Zanaflex (Tizanidine) was likewise not medically necessary, medically appropriate, or indicated here. While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Tizanidine or Zanaflex is FDA approved in the management of spasticity, but can be employed for unlabeled use for low back pain, as was seemingly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his recommendations. Here, however, the applicant's work status was not reported on October 16, 2014, suggesting that the applicant was not, in fact, working. No seeming discussion of medication efficacy transpired. The applicant remained dependent on other forms of medical treatment to include the tramadol also at issue and epidural steroid injection therapy, the treating provider acknowledged. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.