

Case Number:	CM15-0138801		
Date Assigned:	07/28/2015	Date of Injury:	11/09/2010
Decision Date:	08/26/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/17/2015

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

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 injured worker is a 75 year old female, who sustained an industrial injury on 11/9/2010. The mechanism of injury is unknown. The injured worker was diagnosed as having thoracolumbar spine musculoligamentous sprain/strain, lower extremity radiculitis lumbar stenosis with disc protrusions and facet arthropathy, left shoulder periscapular strain with bursitis and tendinitis and left wrist osteo arthritic carpal changes. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 6/12/2015, the injured worker complains of pain in the low back with left lower extremity pain and numbness and left shoulder and wrist pain. Physical examination showed lumbar, left shoulder and left wrist tenderness. The treating physician is requesting Ultram 50 mg #130 and Zanaflex 2 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Ultram 50mg #130: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram); Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. The patient has reported significant functional improvement and pain relief. I am reversing the previous utilization review decision. 1 prescription for Ultram 50mg #130 is medically necessary.

1 prescription for Zanaflex 2mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex); Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63.

Decision rationale: Tizanidine or Zanaflex is a drug that is used as a muscle relaxant. The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The patient has been taking the muscle relaxant for an extended period of time. 1 prescription for Zanaflex 2mg #60 is not medically necessary.