

Case Number:	CM15-0139491		
Date Assigned:	08/03/2015	Date of Injury:	08/06/2014
Decision Date:	09/28/2015	UR Denial Date:	06/18/2015
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: Physical Medicine & Rehabilitation

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 33-year-old female who sustained an industrial injury on August 6, 2014 resulting in headaches radiating neck pain, and low back pain. Diagnoses have included cervical spine sprain with radiculopathy, C5-7 disc protrusions, and lumbar spine sprain with radiculopathy. Documented treatment has included 6 visits of physical therapy with no improvement noted, and medication. The injured worker continues to present with intermittent low back pain and cervical pain which radiates down her left upper extremity with thumb and ring finger tingling. The treating physician's plan of care includes Tramadol 50 mg and Tizanidine 4 mg medications, both with two refills. The most recent documentation of work status was April 13, 2015 report stated she could work but with modifications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg #40 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94, 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Criteria for use of Opioids Tramadol Page(s): 60, 61, 76-78, 88, 89, 113.

Decision rationale: The patient presents with pain in the cervical and lumbar spines. The request is for Tramadol 50 mg #40 with 2 refills. Physical examination to the lumbar spine on 06/01/15 revealed tenderness to palpation over the paraspinals. Range of motion was limited in all planes. Examination to the cervical spine revealed restricted range of motion in all planes with pain. Per 04/13/15 progress report, patient's diagnosis include cervical spine sprain/strain; C5-C6, C6-C7 disc protrusion positive per MRI; cervical spine radiculopathy, clinically; lumbar spine sprain/strain; lumbar spine radiculopathy, clinically. Patient's medications, per 06/01/15 progress report include Tramadol and Tizanidine. Patient's work status is modified duties. MTUS Guidelines Criteria for Use of Opioids (Long-Term Use of Opioids) Section, Pages 88-89 states: "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p 77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Pages 80, 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. The treater does not discuss this request and no RFA was provided either. Review of the medical records provided indicates that the patient received prescriptions for Tramadol from 02/10/15 through 03/02/15. However, treater has not discussed how Tramadol decreased pain and significantly improved patient's activities of daily living. There are no UDS reports, no opioid pain agreement, or CURES reports addressing aberrant behavior; no discussions with specific adverse effects, aberrant behavior, ADL's, etc. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.

Tizanidine 4 mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-, 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain Page(s): 66.

Decision rationale: The patient presents with pain in the cervical and lumbar spines. The request is for Tizanidine 4 mg #60 with 2 refills. Physical examination to the lumbar spine on 06/01/15 revealed tenderness to palpation over the paraspinals. Range of motion was limited in all planes.

Examination to the cervical spine revealed restricted range of motion in all planes with pain. Per 04/13/15 progress report, patient's diagnosis include cervical spine sprain/strain; C5-C6, C6-C7 disc protrusion positive per MRI; cervical spine radiculopathy, clinically; lumbar spine sprain/strain; lumbar spine radiculopathy, clinically. Patient's medications, per 06/01/15 progress report include Tramadol and Tizanidine. Patient's work status is modified duties. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg 66:" Antispasticity/ Antispasmodic Drugs: Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain." The treater has not specifically discussed this request; no RFA was provided either. A prescription for Tizanidine is first noted in progress report dated 03/02/15 and the patient has been utilizing this medication at least since then. However, there is no discussion of its efficacy in terms of pain reduction and functional improvement in the subsequent reports. MTUS page 60 require that medication efficacy in terms of pain reduction and functional gains must be discussed when using for chronic pain. Therefore, this request is not medically necessary.