

Case Number:	CM15-0140635		
Date Assigned:	07/30/2015	Date of Injury:	04/06/2015
Decision Date:	08/28/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/20/2015

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: California

Certification(s)/Specialty: Emergency 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 47 year old female who sustained an industrial injury on 4.6.15 from a slip and fall where her left hip hit the ground. She developed low back pain in addition to the left hip pain. She was medically evaluated; x-rays were done of the lumbar spine, pelvis and hips. She was diagnosed with lumbosacral strain, sprain; contusion of hip and thigh, left hip. Medications were Tylenol, Advil. She currently complains of constant pain and stiffness to her neck with frequent headaches; pain and stiffness to the low back radiating down the left leg with numbness and tingling; bladder dysfunction; constant pain in the left hip with locking, clicking and grinding; constant left knee pain with swelling and giving way; constant left ankle pain with giving way. On physical exam of the cervical spine there was tenderness to palpation with spasms and decreased range of motion; lumbar spine revealed tenderness to palpation over the paraspinous region with spasms, decreased range of motion, positive straight leg raise on the left in both sitting and supine positions; the left hip revealed tenderness to palpation over the anterolateral aspect and greater trochanteric region, decreased range of motion; the left knee exam revealed tenderness on palpation over the medial and lateral joint lines, decreased range of motion; exam of the left ankle revealed tenderness to palpation over the anterior talofibular ligaments and medial and lateral aspects, decreased range of motion, varus and valgus stressing produce pain. Medication was naproxen. Diagnoses include lumbosacral sprain, strain; contusion of hip and thigh; contusion of left hip; cervical spine sprain, strain; trochanteric bursitis, left hip; left knee sprain, strain; left ankle sprain, strain. Treatments to date include physical therapy; medications. Diagnostics include x-rays of the left foot (4.17.15) showing no acute fracture or dislocation, calcaneal spur; x-ray of the left knee (4.17.15) normal; x-ray of the

thoracolumbar spine (4.17.15) showing degenerative changes; x-ray of the left hip, pelvis (4.12.15) normal study; x-ray of the lumbosacral spine (4.12.15) normal. On 6.30.15 the treating provider requested Tramadol 50 mg #60; zanaflex 4 mg #60 for cervical and lumbar sprain, strain.

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 Treatment Guidelines Opioids Page(s): 74-96.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113.

Decision rationale: The requested Tramadol 50mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has constant pain and stiffness to her neck with frequent headaches; pain and stiffness to the low back radiating down the left leg with numbness and tingling; bladder dysfunction; constant pain in the left hip with locking, clicking and grinding; constant left knee pain with swelling and giving way; constant left ankle pain with giving way. On physical exam of the cervical spine there was tenderness to palpation with spasms and decreased range of motion; lumbar spine revealed tenderness to palpation over the paraspinal region with spasms, decreased range of motion, positive straight leg raise on the left in both sitting and supine positions; the left hip revealed tenderness to palpation over the anterolateral aspect and greater trochanteric region, decreased range of motion; the left knee exam revealed tenderness on palpation over the medial and lateral joint lines, decreased range of motion; exam of the left ankle revealed tenderness to palpation over the anterior talofibular ligaments and medial and lateral aspects, decreased range of motion, varus and valgus stressing produce pain. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Tramadol 50mg #60 is not medically necessary.

Zanaflex 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

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

Decision rationale: The requested Zanaflex 4mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has constant pain and stiffness to her neck with frequent headaches; pain and stiffness to the low back radiating down the left leg with numbness and tingling; bladder dysfunction; constant pain in the left hip with locking, clicking and grinding; constant left knee pain with swelling and giving way; constant left ankle pain with giving way. On physical exam of the cervical spine there was tenderness to palpation with spasms and decreased range of motion; lumbar spine revealed tenderness to palpation over the paraspinal region with spasms, decreased range of motion, positive straight leg raise on the left in both sitting and supine positions; the left hip revealed tenderness to palpation over the anterolateral aspect and greater trochanteric region, decreased range of motion; the left knee exam revealed tenderness on palpation over the medial and lateral joint lines, decreased range of motion; exam of the left ankle revealed tenderness to palpation over the anterior talofibular ligaments and medial and lateral aspects, decreased range of motion, varus and valgus stressing produce pain. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Zanaflex 4mg #60 is not medically necessary.