

<b>Case Number:</b>	CM15-0143683		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	10/27/2013
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 24 year old female patient, who sustained an industrial injury on 10-27-2013. She sustained an injury while lifting a heavy large cutting board to place into a dishwasher. Diagnoses have included cervical spine sprain-strain, disc protrusion C6-7 per magnetic resonance imaging (MRI) scan, right shoulder sprain-strain, right shoulder tendinitis with early adhesive capsulitis, lumbar spine sprain-strain with possible associated discopathy and clinical lumbosacral radiculopathy. Per the doctor's note dated 7/28/15, she had complaints of cervical pain and right shoulder pain. According to the progress report dated 6-16-2015, she had complaints of pain and stiffness to her neck; constant pain and stiffness to her right shoulder, with popping, clicking and grinding sensations; constant pain in her low back radiating down both legs with numbness and tingling in both legs. The physical examination revealed cervical spine- tenderness to palpation, spasm and limited range of motion; right shoulder- tenderness to palpation, weakness and limited range of motion; lumbar spine- tenderness to palpation with spasms and limited range of motion. The medications list includes tramadol and zanaflex. She has had cervical spine MRI and right shoulder MR arthrogram. Treatment to date has included physical therapy and medication. Authorization was requested for chiropractic physiotherapy twice a week for six weeks, Tramadol and Zanaflex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiro Physiotherapy 2xwk x 6wk: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation page 58-59 Physical therapy page 98.

**Decision rationale:** Chiro Physiotherapy 2xwk x 6wk Per the MTUS chiropractic treatment guidelines chiropractic therapy is recommended as an option for low back complaints. The guidelines recommend "Therapeutic care Trial of 6 visits over 2 weeks, with evidence of objective functional improvement. Elective/maintenance care Not medically necessary. Several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits." Cited guidelines recommend 9 to 10 physical therapy visits for chronic pain. Therefore the request is beyond the recommendations of the cited criteria."One of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and overdependence on physicians, including doctors of chiropractic." Per the records provided, patient has had unspecified numbers of physical therapy visits for this injury. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels."A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The Chiro Physiotherapy 2xwk x 6wk is not medically necessary for this patient at this time.

**Tramadol 50mg #60: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page 75, Central acting analgesics Page 82, Opioids for neuropathic pain.

**Decision rationale:** Tramadol 50mg #60Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported

to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol use is recommended for treatment of episodic exacerbations of severe pain. According to the records provided patient had chronic neck, low back and right shoulder pain. She has had significant findings on physical examination-tenderness, spasm and limited range of motion of the cervical and lumbar spine, tenderness and limited range of motion of the right shoulder. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. The request for Tramadol 50mg #60 is medically appropriate and necessary to use as prn during acute exacerbations.

**Zanaflex 4mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- TWC Pain Procedure Summary Online Version updated 04/06/2015.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS: Tizanidine (Zanaflex) page 66.

**Decision rationale:** Zanaflex 4mg #60. According to MTUS guidelines "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. Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) 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. May also provide benefit as an adjunct treatment for fibromyalgia." The patient has chronic low back, neck and right shoulder pain. The patient has significant objective abnormalities on the musculoskeletal physical examination- tenderness, spasm and limited range of motion of the cervical and lumbar spine, tenderness and limited range of motion of the right shoulder. Tizanidine is recommended for chronic myofascial pain. The request of Zanaflex 4mg #60 is medically appropriate and necessary for this patient.