

Case Number:	CM15-0147328		
Date Assigned:	08/10/2015	Date of Injury:	07/17/2011
Decision Date:	09/15/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	07/29/2015

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: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 46-year-old female, who sustained an industrial injury on 7-17-11. She reported injuries to the cervical spine, lumbar spine, left shoulder and left cheek. The injured worker was diagnosed as having cervical spine radiculopathy, cervical spine disc protrusion C4-T1, status post cervical fusion at C5-6, lumbago, thin presentation of rotator cuff in the left shoulder, and mild to moderate central canal stenosis at C4-T1. Treatment to date has included cervical fusion on 9-12-12 and medication. Pain on 5-19-15 and 7-7-15 was rated as 9 of 10. The injured worker had been taking Zanaflex since at least 4-7-15 and Tramadol since at least 5-19-15. Currently, the injured worker complains of muscle spasms and pain in the left lateral brachium and left lateral dorsal trapezius region. The treating physician requested authorization for Zanaflex 4mg #30 with 1 refill and Tramadol 50mg #30 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Related surgical services; Zanaflex 4mg #30 with 1 refill (Rx 7/7/15) 60.00: Upheld

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

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

Decision rationale: Tizanidine (Zanaflex) is a centrally acting alpha₂ adrenergic agonist that is FDA approved for management of spasticity, unlabeled use for low back pain. It should be used with caution in renal impairment and should be avoided in hepatic impairment. The initial dose is 4 mg, which should be titrated gradually by 2-4 mg every 6-8 hours until therapeutic effect with tolerable side effects is achieved. The maximum dose is 36 mg per day. The request as stated is for 4 mg per day #30 with 1 refill. A one-month supply is appropriate and has been certified by utilization review. The request for a refill without knowing the side effects and tolerability is not supported, particularly because the guidelines do not recommend long-term use of muscle relaxants. Utilization review has modified the request to #30 with no refills. In light of the foregoing, the request for Zanaflex 4 mg #30 with 1 refill is not supported and the medical necessity of the request has not been substantiated.

Related surgical services; Tramadol 50mg #30 with 1 refill (Rx 07/07/15) qty 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: With regard to the request for tramadol 50mg utilization review has certified 30 tablets for postoperative use. California MTUS chronic pain guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The 4 A's for ongoing monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In light of the above, the modification of the request for tramadol to #30 with no refills is appropriate and the medical necessity of the request for tramadol # 30 with 1 refill is not currently supported by evidence-based guidelines. Therefore, the request is not medically necessary.