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| Case Number: | CM15-0149314 | | |
| Date Assigned: | 08/14/2015 | Date of Injury: | 11/27/2013 |
| Decision Date: | 09/11/2015 | UR Denial Date: | 07/02/2015 |
| Priority: | Standard | Application Received: | 07/31/2015 |

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 47 year old male who sustained an industrial injury on 11-27-13. The diagnoses have included lumbar spine herniated nucleus pulposus (HNP) with radiculopathy and lumbar facet arthropathy. The patient continues to work. Diagnostic testing included electromyography, X-rays and Magnetic Resonance Imaging (MRI) of the lumbar spine. Treatment to date has included medications, activity modifications, diagnostics, acupuncture, chiropractic therapy and lumbar epidural steroid injections. As per the physician progress note dated 5-5-15, the patient's continued low back pain was noted to be improved with medication (3/10 with medication and 7/10 without medication). The provider reviewed the patient's opioid use contract at that visit. As per the physician progress note dated 6-17-15, the injured worker complained of continued low back pain with radiation down the bilateral legs and numbness and tingling in the left leg. The current medications included Zanaflex and Tramadol. He takes Zanaflex to sleep as the pain interferes with his sleep but continues to have daytime sleepiness. The urine drug screen report dated 5-5-15 was consistent with the medications prescribed. Physical exam revealed lumbar tenderness and decreased range of motion of the lumbar and thoracic spine. The physician requested treatments included Tramadol 50 MG #60 and Zanaflex 4 MG #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 MG #60 30 Day Supply No Refills Freq not Provided by MD Rx 6/17/15:
Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-9, Chronic Pain Treatment Guidelines Medications for chronic pain; Opioids Page(s): 60-1, 74-96.

Decision rationale: Tramadol an opioid pain medication used to treat moderate to moderately severe pain with usual dosing every 6-8 hours. It acts by binding to the mu-opioid receptor but it also inhibits the reuptake of serotonin and norepinephrine. Because of this second activity it must be used cautiously in patients taking serotonin reuptake inhibitor medications as the combined medications may precipitate a life-threatening serotonin syndrome event. Studies have shown the effectiveness of this medication to control pain for up to three months but there are no long-term studies available showing effectiveness of chronic use. According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have criteria for the safe use of chronic opioids. The provider is appropriately following this patient, has requested urine drug screenings and has documented improvement in pain and function with use of medications. Furthermore, he is on a stable dose of pain medications. There is no documented contraindication for continued use of this medication. Medical necessity has been established. Therefore, the request is medically necessary.

Zanaflex 4 MG #60 30 Day Supply No Refills Freq Not Provided by MD Rx 6/17/15:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63-6.

Decision rationale: Tizanidine (Zanaflex) is a central-acting sedating muscle relaxant used to relax spastic muscles and relieve pain caused by strains, sprains, and other musculoskeletal conditions. This class of medications can be helpful in reducing pain and muscle tension thus increasing patient mobility but, as a group, are recommended for short-term use only, as their efficacy appears to diminish over time. In fact, chronic use of these medications may reduce a patient's motivation or ability to increase activity and thus hinder return to function. The MTUS recommends use of tizanidine for muscle spasms and/or pain relief associated with chronic low

back pain. It also notes that muscle relaxants are considered no more effective at pain control than non-steroidal anti-inflammatory medication (NSAIDs) and there is no study that shows combination therapy of NSAIDs with muscle relaxants has a demonstrable benefit. This patient has been on continuous muscle relaxant therapy for over 6 months. There is no documented use of this medication on an intermittent or "as needed" basis. The patient may only use it at bedtime but each month is given enough medications for use twice per day. There is no documentation that the patient is having regular muscle spasms nor that use of this medication improves function. Medical necessity for continued use of Zanaflex has not been established. Therefore, the request is not medically necessary.