

Case Number:	CM15-0160876		
Date Assigned:	08/27/2015	Date of Injury:	04/06/2015
Decision Date:	09/30/2015	UR Denial Date:	08/01/2015
Priority:	Standard	Application Received:	08/17/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 04-06-15. Initial complaints include left leg and back pain. Initial diagnoses are not available. Treatments to date include medications, physical therapy, and work restrictions. Diagnostic studies include x-rays. Current complaints include pain in the neck, low back radiating down the left leg, left hip, left knee and left ankle. Current diagnoses include lumbosacral sprain and strain, contusion of left hip and thigh, sprain and strain of thoracic spine, and sprain and strain of unspecified site of knee and leg. In a progress note dated 06-14-15, the treating provider reports the plan of care as continued medications including tramadol; add ibuprofen to the treatment regimen, and physical therapy. The requested treatments include tramadol and Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86.

Decision rationale: The claimant sustained a work injury in April 2015 and is being treated for neck, mid back, low back, and left hip, knee, and foot pain. Treatments have included physical therapy and medications. When taking Tylenol #3 pain had been rated at 10/10. When seen, she was requesting to be taken out of work. Physical examination findings included moderate tenderness and decreased range of motion. Tramadol is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it was being prescribed when the claimant was having ongoing severe pain and struggling to remain at work. There were no identified issues of abuse or addiction and the total MED prescribed was less than 120 mg per day consistent with guideline recommendations. Prescribing was medically necessary.

Zanaflex 4mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, p63-66 Page(s): 63-66.

Decision rationale: The claimant sustained a work injury in April 2015 and is being treated for neck, mid back, low back, and left hip, knee, and foot pain. Treatments have included physical therapy and medications. When taking Tylenol #3 pain had been rated at 10/10. When seen, she was requesting to be taken out of work. Physical examination findings included moderate tenderness and decreased range of motion. Zanaflex (tizanidine) is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with more than 3 weeks of use and was not medically necessary.