

Case Number:	CM15-0162252		
Date Assigned:	08/28/2015	Date of Injury:	08/15/1997
Decision Date:	10/19/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/18/2015

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: Physical Medicine & Rehabilitation

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 71 year old male, who sustained an industrial injury on 08-15-1997. A review of the medical records indicates that the injured worker is undergoing treatment for chronic musculoligamentous injury of the lumbar spine, radiating pain to the left buttock and left lower extremity and lesser degree to the right lower extremity, and chronic left trochanteric bursitis. Medical records (02-06-2015 to 03-13-2015) indicate ongoing and increased low back pain with pain in both legs. The progress report (PR) dated 02-06-2015 and 02-27-2015 reported "increased pain since previous exam" with a severity level of 9 out of 10 without medications. No pain rating was mentioned with the use of medications. The PR dated 03-13-2015 reported a pain rating of 4 out of 10 with medications and 7 out of 10 without medications and noted to be "unchanged" by the treating physician. Records also state "activity level has increased". Per the treating physician's PR, the injured worker has not returned to work and no changes have been made in restrictions. The physical exams, dated 02-17-2015 and 03-13-2015, revealed "a mildly distress appearance and in mild to moderate pain". Lumbar range of motion (ROM) is restricted in flexion and extension and painful with extension; normal paraspinal muscles without reported spasms; slightly decreased motor strength in the extensor hallucis longus (EHL), ankle dorsi-flexors, ankle plantar flexors, and hip flexors more so on the right than the left; and decreased sensation to light touch and pin-prick in the L4 dermatomes bilaterally. Relevant treatments have included 5 lumbar medial branch blocks (02-11-2015) with 80% improvement, multiple lumbar epidural steroid injections, multiple trigger point injections, physical therapy, work restrictions, and pain medications (Zanaflex and Ultram since at least 02-2015). The treating physician

indicates that MRI of the lumbar spine (2004) showing a stable 3-4mm right posterolateral L4-5 disc protrusion resulting in slight right L4 nerve root impingement, and a new slight right S1 nerve root impingement due to an asymmetrical L5-S1 disc bulge. No request for authorization was submitted; however, the IMR application shows that the following medications were denied: Zanaflex 4mg #60 with 2 refills, and Ultram 50mg #60 with 2 refills. The original utilization review (08-05-2015) approved Zegerid 40mg #30 with 2 refills; denied Zanaflex 4mg #60 with 2 refills due to the lack of acute indication for short-term use; and denied Ultram 50mg #60 with 2 refills due to lack of documented benefit with prior use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4 mg #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The patient presents with lower backache rated 4/10 with and 7/10 without medications. The request is for zanaflex 4 mg #60 with 2 refills. The request for authorization is not provided. Physical examination of the lumbar spine reveals range of motion is restricted. Spinous process tenderness is noted on L4. Lumbar facet loading is positive on both sides. Patient's procedures include LESI, Translaminar ESI, TFESI, and TPI. No new problems or side effects. Patient's medications include Zegerid, Zanaflex, Lidoderm, and Ultram. Per progress report dated 03/13/15, the patient is P&S and not working. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg 66: "antispasticity/antispasmodic drugs: 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. 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." MTUS p 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Per progress report dated 03/13/15, treater's reason for the request is "at bedtime as needed for muscle spasms." The patient is prescribed Zanaflex since at least 02/06/15. In this case, the patient is diagnosed with myofascial pain for which Zanaflex is indicated per MTUS. However, the treater does not document or discuss how pain is reduced and function is improved by the patient as required by MTUS. Therefore, the request IS NOT medically necessary.

Ultram 50 mg #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents with lower backache rated 4/10 with and 7/10 without medications. The request is for Ultram 50 mg #60 with 2 refills. The request for authorization is not provided. Physical examination of the lumbar spine reveals range of motion is restricted. Spinous process tenderness is noted on L4. Lumbar facet loading is positive on both sides. Patient's procedures include LESI, Translaminar ESI, TFESI, and TPI. No new problems or side effects. Patient's medications include Zegerid, Zanaflex, Lidoderm, and Ultram. Per progress report dated 03/13/15, the patient is P&S and not working. MTUS, Criteria For Use of Opioids (Long-Term Users of Opioids) section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, opioids for chronic pain Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Treater does not specifically discuss this medication. Patient has been prescribed Ultram since at least 02/06/15. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Ultram significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is discussed, specifically showing significant pain reduction with use of Ultram. But no validated instrument is used to show functional improvement. There is documentation regarding side effects but not aberrant drug behavior. Most recent UDS was dated 12/09/11. In this case, the treater has discussed some but not all of the 4A's as required by MTUS. Therefore, the request IS NOT medically necessary.