

<b>Case Number:</b>	CM15-0163292		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	10/03/2011
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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 26 year old female, who sustained an industrial injury on 10-3-11. The injured worker was diagnosed as having moderate thoraco-scoliotic deformity with pain and cervical spine sprain or strain. Treatment to date has included TENS and medication. The injured worker had been taking Tramadol and Tizanidine since at least 7-9-15. The injured worker stated her interferential unit was broken. Currently, the injured worker complains of lumbar spine pain. The treating physician requested authorization for an interferential unit replacement purchase, Tramadol 50mg #90, and Tizanidine 4mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase of Interferential Unit Replacement:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-120.

**Decision rationale:** Based on the 07/09/15 progress report provided by treating physician, the patient presents with lumbar spine pain. The request is for Purchase of Interferential Unit Replacement. RFA with the request not provided. Patient's diagnosis on 07/09/15 includes moderate thoraco-scoliotic deformity with pain and cervical spine sprain/strain. Treatment to date has included TENS and medications. Patient's medications include Tramadol and Tizanidine. The patient is permanent and stationary, per 07/09/15 report. MTUS pages 118-120, Interferential Current Stimulation (ICS) Section states: "While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.) If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction." Per 07/09/15 report, treater states "request replacement of broken interferential unit, which has been beneficial." Medical records show the requested treatment is not intended as an isolated intervention, as the patient takes oral medications, uses TENS and is encouraged to attend "YMCA for pool therapy." With regards to interferential unit, there is no evidence that pain is not effectively controlled due to the effectiveness of medication, substance abuse or pain due to postoperative conditions or unresponsiveness to conservative measures. MTUS requires 30-day rental with documentation of use and efficacy before a home unit is allowed. Though this patient has used IF unit and is requesting a replacement, there is no documentation of use and efficacy provided to warrant this request for replacement. Given lack of documentation, this request is not medically necessary.

**Tramadol 50mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medication for chronic pain Criteria For Use Of Opioids Page(s): 60, 61, 76-78, 88, 89.

**Decision rationale:** Based on the 07/09/15 progress report provided by treating physician, the patient presents with lumbar spine pain. The request is for Tramadol 50MG #90. RFA with the request not provided. Patient's diagnosis on 07/09/15 includes moderate thoraco-scoliotic deformity with pain and cervical spine sprain/strain. Treatment to date has included TENS and medications. Patient's medications include Tramadol and Tizanidine. The patient is permanent and stationary, per 07/09/15 report. MTUS Guidelines 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 p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." 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. Per 07/09/15 report, treater states the patient "remains on tramadol and tizanidine for chronic pain and medications have been effective." Only two progress reports were provided for review. Medications are also included in 07/30/15 report. It is not known when Tramadol was initiated. In this case, treater has not stated how Tramadol reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADLs, etc. No UDS's, opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4As. Given the lack of documentation as required by guidelines, the request is not medically necessary.

**Tizanidine 4mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain Page(s): 66.

**Decision rationale:** Based on the 07/09/15 progress report provided by treating physician, the patient presents with lumbar spine pain. The request is for Tizanidine 4mg #60. RFA with the request not provided. Patient's diagnosis on 07/09/15 includes moderate thoraco-scoliotic deformity with pain and cervical spine sprain/strain. Treatment to date has included TENS and medications. Patient's medications include Tramadol and Tizanidine. The patient is permanent and stationary, per 07/09/15 report. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg 66: "Anti-spasticity/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 p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Per 07/09/15 report, treater states the patient "remains on tramadol and tizanidine for chronic pain and medications have been effective." Only two progress reports were provided for review. Medications are also included in 07/30/15 report. It is not known when Tizanidine was initiated. Tizanidine is allowed for myofascial pain, low back pain and fibromyalgia conditions per MTUS. The patient continues with chronic pain and treater has documented benefit from the medication. The request appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.