

<b>Case Number:</b>	CM15-0163683		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	05/03/2002
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/06/2015
<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: 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 female, age unknown, who sustained an industrial injury on 5-3-02. Her initial complaints and the nature of the injury are unavailable for review. A progress note, dated 7-6-15, indicates that the injured worker has diagnoses of cervical spine disk syndrome with strain and sprain disorder, radiculopathy, status-post laminectomy discectomy surgical procedure, status-post laminectomy fusion surgical procedure with postoperative laminectomy fusion syndrome and associated hypertension; bilateral rotator cuff syndromes with bilateral suprascapular neuropathies; lumbosacral spine disk syndrome with strain and sprain disorder, radiculopathy, and bilateral lower limb placement of the same; and chronic pain syndrome with idiopathic insomnia. The report indicates that the injured worker complained of neck, low back, bilateral shoulders with sharp, stabbing pain, stiffness, weakness, numbness, paresthesia, and general discomfort. The report states that the injured worker has "had a good, but partial, response to treatment". The treatment plan was to continue Xanax, Tramadol, Zanaflex, as well as use of topical creams to help control pain and inflammation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

**Decision rationale:** The claimant has a remote history of a work injury or occurring in May 2003 and continues to be treated for neck, low back, and shoulder pain. She has a history of a cervical laminectomy, bilateral rotator cuff impingement syndrome, and lumbar disc disease with radiculopathy. She has chronic pain with insomnia. When seen, a good but partial response to medication is referenced. Physical examination findings included decreased cervical spine, lumbar spine, and bilateral shoulder range of motion. Drop on testing was positive bilaterally. There was cervical and lumbosacral paraspinal muscle tenderness with spasms. She had decreased upper extremity strength and upper and lower extremity sensation. Medications prescribed have included Valium, Zanaflex, Tylenol #3, Xanax, Ultracet, Prilosec, and topical compounded creams. Tramadol is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, the claimant's response to this specific medication is not documented and her response to the medications being prescribed is inadequately documented in terms of any degree of pain relief, improved function, or improved quality of life. Continued prescribing was not medically necessary.

**Alprazolam 1 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, p24 Page(s): 24.

**Decision rationale:** The claimant has a remote history of a work injury or occurring in May 2003 and continues to be treated for neck, low back, and shoulder pain. She has a history of a cervical laminectomy, bilateral rotator cuff impingement syndrome, and lumbar disc disease with radiculopathy. She has chronic pain with insomnia. When seen, a good but partial response to medication is referenced. Physical examination findings included decreased cervical spine, lumbar spine, and bilateral shoulder range of motion. Drop on testing was positive bilaterally. There was cervical and lumbosacral paraspinal muscle tenderness with spasms. She had decreased upper extremity strength and upper and lower extremity sensation. Medications prescribed have included Valium, Zanaflex, Tylenol #3, Xanax, Ultracet, Prilosec, and topical compounded creams. Alprazolam is a benzodiazepine which is not recommended for long-term use. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to muscle relaxant effects occurs within weeks and long-term use may increase anxiety. In this case, benzodiazepine medication had been prescribed on a long-term basis. There are other preferred treatments. Gradual weaning is recommended for long-term users. Continued prescribing is not medically necessary.

**Tizanidine 4 mg #60:** Upheld

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

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

**Decision rationale:** The claimant has a remote history of a work injury or occurring in May 2003 and continues to be treated for neck, low back, and shoulder pain. She has a history of a cervical laminectomy, bilateral rotator cuff impingement syndrome, and lumbar disc disease with radiculopathy. She has chronic pain with insomnia. When seen, a good but partial response to medication is referenced. Physical examination findings included decreased cervical spine, lumbar spine, and bilateral shoulder range of motion. Drop on testing was positive bilaterally. There was cervical and lumbosacral paraspinal muscle tenderness with spasms. She had decreased upper extremity strength and upper and lower extremity sensation. Medications prescribed have included Valium, Zanaflex, Tylenol #3, Xanax, Ultracet, Prilosec, and topical compounded creams. 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. In this case, there is no identified new injury or acute exacerbation and it is as well as other muscle relaxants have been prescribed on a long-term basis. The claimant does not have spasticity due to an upper motor neuron condition. It is not medically necessary