

<b>Case Number:</b>	CM15-0165084		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	02/01/2014
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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 52 year old female, who sustained an industrial injury on 02-01-2014. The injured worker is currently able to return to work with permanent work restrictions. Current diagnoses include lumbago, sciatica, sacroiliitis, L4-5 and L5-S1 neuroforaminal stenosis, lumbar facet arthropathy, and disc bulge at L3-4. Treatment and diagnostics to date has included injections, acupuncture, and medications. Lumbar spine MRI dated 07-02-2015 showed mild to moderate disc height loss with a 2mm diffuse disc bulge at L3-L4, moderate disc height loss at L4-L5 with stenosis, and moderate disc height loss to L5-S1 with stenosis. In a progress note dated 07-28-2015, the injured worker reported lumbar spine pain rated a 10 out of 10 on the pain scale. Objective findings included a positive stoop test, mildly antalgic gait on the right, and lumbar paraspinal tenderness. The treating physician reported requesting authorization for Tramadol and Tizanidine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Tramadol 50mg #90 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**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 42 year old patient complains of lower back pain, rated at 10/10, radiating to the right leg, as per progress report dated 07/28/15. The request is for 1 prescription of Tramadol 50mg #90 with 1 refill. The RFA for this case is dated 07/07/15, and the patient's date of injury is 02/01/14. Diagnoses, as per progress report dated 07/2/15, included lumbago; sciatica; sacroiliitis; L4-5 and L5-S1 neural foraminal stenosis; L3-4, L4-5 and L5-S1 mild facet arthropathy; and L3-4 disc bulge. Requested medications included Tramadol and Tizanidine. The patient has permanent work restrictions and is not working, as per progress report dated 06/02/15. MTUS, Criteria For Use 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, Criteria For Use Of Opioids Section, 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, Criteria for Use of Opioids Section, p 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, Medications For Chronic Pain Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS , page 113 regarding 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. In this case, Tramadol is first noted in progress report dated 02/15/15. While it appears that the patient has been taking the medication consistently since then, it is not clear when Tramadol was initiated. Progress reports also document use of Vicodin, Norco and Dilaudid. In progress report dated 02/26/15, the treater states that prescribed medications were not detected in UDS dated 01/15/15. The request for drug screening is noted in progress reports dated 04/09/15 and 06/02/15. The treater, however, does not discuss efficacy of the medication. There is no documentation of change in pain scale that demonstrates reduction in pain nor does the treater provide specific examples that indicate improvement in the patient's ability to perform ADLs due to the use of this medication. No CURES reports are available for review. There is no discussion regarding side effects of Tramadol as well. MTUS requires a clear documentation regarding impact of Tramadol on 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued use. MTUS requires a clear documentation regarding impact of Norco on 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior. Additionally, MTUS p 80, 81 states regarding chronic low back pain: "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may be indicated for nociceptive pain as it is "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." However, this patient does not present with pain that is "presumed to be maintained by continual injury." Hence, the request IS NOT medically necessary.

**1 prescription of Tizanidine 4mg #60 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The 42 year old patient complains of lower back pain, rated at 10/10, radiating to the right leg, as per progress report dated 07/28/15. The request is for 1 prescription of Tizanidine 4mg #60 with 1 refill. The RFA for this case is dated 07/07/15, and the patient's date of injury is 02/01/14. Diagnoses, as per progress report dated 07/2/15, included lumbago; sciatica; sacroiliitis; L4-5 and L5-S1 neural foraminal stenosis; L3-4, L4-5 and L5-S1 mild facet arthropathy; and L3-4 disc bulge. Requested medications included Tramadol and Tizanidine. The patient has permanent work restrictions and is not working, as per progress report dated 06/02/15. MTUS Chronic Pain Guidelines 2009, pg. 66 under Antispasticity/Antispasmodic Drugs states the following regarding Tizanidine: "Tizanidine 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 syndrome and the authors recommended its use as a first line option to treat myofascial pain. (Malanga, 2002) May also provide benefit as an adjunct treatment for fibromyalgia. (ICSI, 2007)" In this case, Tizanidine is first noted in progress report dated 06/02/15. This appears to be the first prescription for this medication and the treater states that it is for managing "muscle spasms which she demonstrated several times during the exam." Subsequent report, however, does not discuss the efficacy of the medication and its impact on patient's pain and function, as required by MTUS page 60 for all pain medications. Given the lack of documentation of efficacy, the request IS NOT medically necessary.