

<b>Case Number:</b>	CM15-0181342		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	05/06/2014
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 56-year-old female with an industrial injury dated 05-06-2014. Medical record review indicates she is being treated for lumbar spine sprain and strain, disc protrusion at lumbar 4-5 with retrolisthesis, spondylosis and neural foraminal stenosis, annular tear at lumbar 3-4 and clinical lumbosacral radiculopathy. The progress note dated 07-28-2015 documents the injured worker presented with complaints of "persistent and increasing pain" to her low back radiating into both hips and down both legs, with continued numbness and tingling in her legs, right foot and right toes. Physical exam dated 07-28-2015 is documented as revealing tenderness to palpation over the paraspinous region with spasms present (lumbar spine). Range of motion of the lumbar spine was limited. Prior treatment included physical therapy and medications. The treatment plan included lumbar epidural steroid injection. The treatment request is for Zanaflex 4 mg #60 and Tramadol 50 mg #60. Zanaflex and Tramadol are listed as the injured worker's medications in the 04-03-2015 note. On 08-20-2015 the request for Zanaflex 4 mg #60 and Tramadol 50 mg #60 was non-certified by utilization review.

### 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 Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment, Opioids, specific drug list, Opioids, steps to avoid misuse/addiction.

**Decision rationale:** Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Given the lack of clear evidence to support functional improvement on the medication and the chronic risk of continued treatment, the request for Tramadol is not considered medically necessary.

**Zanaflex 4 mg #60:** 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 MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. However, in most cases, they seem no more effective than NSAIDs for treatment. There is also no additional benefit shown in combination with NSAIDs. With no objective evidence of pain and functional improvement on the medication and a request for continued and chronic treatment, the request cannot be considered medically necessary and appropriate.