

Case Number:	CM15-0187651		
Date Assigned:	09/29/2015	Date of Injury:	11/16/2014
Decision Date:	11/09/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/23/2015

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: Washington, California

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 46 year old woman who sustained an industrial injury on 11-16-2014. Diagnoses include lumbosacral spondylosis and lumbar disc displacement without myelopathy. She has not worked since 11-30-2014. Treatment has included oral medications and lumbar spine epidural steroid injection (on 2-25-2015 which gave 40-50% pain relief for 5 months). CURES and urine drug screen in May 2015 were consistent with medications prescribed. Physician note dated 8-31-2015 show complaints of continued 6-7/10 low back pain with radiation to the left lower extremity associated with numbness and tingling, and complaints of increased muscle spasms to the low back and left thigh. Tramadol provides at least 40% pain relief which allows for increased activity. She has no side effects from this medication. Prior use of muscle relaxants was used only as needed for muscle spasms and was effective at controlling the muscle spasms. The present request for use of tizanidine is also for use on an as needed basis. The physical examination showed mid to lower lumbar spine tenderness, pain on loading lumbar facets, limited lumbar range of motion, and decreased sensation in left L3 and L4 distribution. Utilization Review denied a request for tizanidine and tramadol on 8-24-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine HCl 4mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Tizanidine (Zanaflex) is a central-acting sedating muscle relaxant used to treat skeletal muscle spasms. This class of medications can be helpful in reducing pain and muscle tension thus increasing patient mobility. Muscle relaxants as a group, however, are recommended for short-term use only as their efficacy appears to diminish over time. They are considered no more effective at pain control than non-steroidal anti-inflammatory medication (NSAIDs) and there is no study that shows combination therapy of NSAIDs with muscle relaxants has a demonstrable benefit. This patient has recurrent muscle spasms treated effectively in the past with intermittent use of muscle relaxants. Since there is on-going complaints of muscle spasms, documented intermittent use of muscle relaxants and documented effectiveness from use of these medications, continue intermittent use of muscle relaxants remains an option in therapy. Medical necessity for this medication has been established, and is medically necessary.

Tramadol HCl ER 150mg #30, QTY: 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction.

Decision rationale: Tramadol is a narcotic pain reliever with mu-receptor opioid agonist activity and is used to treat moderate to severe pain. Tramadol ER is an extended release formulation of this medication. Appropriate dosing should not exceed 400 mg/day and it should be used with caution in any patient taking Selective Serotonin Reuptake Inhibitors (SSRI) as together they may cause a potentially fatal condition known as Serotonin Syndrome. There are no studies showing effective use of this medication for chronic pain that lasts greater than 3 months. However, the MTUS describes use of narcotics for control of chronic pain. Even though this is not considered a first line therapy, the chronic use of narcotics is a viable alternative when other therapeutic modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose or death. The pain guidelines in the MTUS directly address this issue and have criteria for the safe use of chronic opioids. The provider is appropriately following this patient, is using first-line chronic pain medication without complete control of

pain, is monitoring for abuse, has documented 40-50% improvement in pain with use of her medications and has documented no side effects from use of opioid medications. Furthermore, she is on a stable dose of opioid medications. There is no documented contraindication for continued use of tramadol. Medical necessity has been established, therefore is medically necessary.