

Case Number:	CM15-0197859		
Date Assigned:	10/13/2015	Date of Injury:	02/28/2014
Decision Date:	11/20/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/08/2015

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:

This is a 51-year-old male with a date of industrial injury 2-28-2014. The medical records indicated the injured worker (IW) was treated for thoracic-lumbar sprain-strain with left lower extremity radiculitis; cervical spine sprain-strain and spondylosis. In the progress notes (8-27-15 and 9-4-15), the IW reported continued low back pain with leg pain rated 6 to 7 out of 10. Medications included Zanaflex (since at least 12-2014), Tramadol, Tizanidine and Ultram ER (since at least 12-2014). The IW was temporarily totally disabled. On examination (9-4-15 notes), the posterior lumbar paravertebral muscles were tender to palpation. Flexion of the lumbar spine was limited to 40 degrees, extension was 15 degrees and right and left lateral bending was 15 degrees. Straight leg raise was positive, causing increased pain in the left leg. Treatments included physical therapy (helpful), home exercise program, back brace and medications (helpful). There was no urine drug screening noted or documentation of improved pain level or function with the requested medications. A Request for Authorization dated 8-27-15 was received for Ultram ER 150mg 1-2 tablets daily as needed, #30 and Zanaflex 2mg 1-2 tablets three times daily as needed, #120. The Utilization Review on 10-2-15 non-certified the request for Ultram ER 150mg 1-2 tablets daily as needed, #30 and Zanaflex 2mg 1-2 tablets three times daily as needed, #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 150mg 1-2 tablets daily PRN #30: 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, long-term assessment.

Decision rationale: The claimant sustained a work injury in February 2014 when he had low back while working as a truck driver and pain while lifting and is being treated for low back pain with left lower extremity radicular symptoms. He has a left L5 radiculopathy. When seen, pain was rated at 6-8/10. Physical examination findings included cervical and lumbar tenderness with trapezius muscle spasms. Left straight leg raising was positive. Medications were refilled. Authorization for a lumbar epidural steroid injection was requested. Continued use of a lumbar orthosis and interferential was recommended. Zanaflex and extended release tramadol have been prescribed since December 2014. Tramadol ER dosing was 150 mg 1-2 daily as needed #30. Ultram ER (tramadol) is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total average daily MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. It is being prescribed on an as needed basis which is not consistent with accepted dosing guidelines. Continued prescribing is not medically necessary.

Zanaflex 2mg 1-2 tablets three times daily PRN #120: 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 claimant sustained a work injury in February 2014 when he had low back while working as a truck driver and pain while lifting and is being treated for low back pain with left lower extremity radicular symptoms. He has a left L5 radiculopathy. When seen, pain was rated at 6-8/10. Physical examination findings included cervical and lumbar tenderness with trapezius muscle spasms. Left straight leg raising was positive. Medications were refilled. Authorization for a lumbar epidural steroid injection was requested. Continued use of a lumbar orthosis and interferential was recommended. Zanaflex and extended release tramadol have been prescribed since December 2014. Tramadol ER dosing was 150 mg 1-2 daily as needed #30. Zanaflex (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 being prescribed on a long-term basis. The claimant does not have spasticity due to an upper motor neuron condition. It is not medically necessary.