

<b>Case Number:</b>	CM15-0199304		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	12/31/2008
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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: Montana, Oregon, Idaho  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 53 year old male, who sustained an industrial injury on 12-31-2008. Diagnoses include bilateral facet disease. Treatments to date include medication therapy and physical therapy. On 9-2-15, he complained of ongoing pain in the low back with radiation into both buttocks. Medication was noted to be "helping his back." Current medications listed included Gabapentin, Naproxen, Omeprazole, Tizanidine, and Tramadol. It was noted these medications were ordered on 8-4-15, however, the start date was not documented. The pain level was rated 2 out of 10 VAS on this date. A urine drug evaluation was obtained and noted to be in compliance. The physical examination documented a positive Kemp's sign of the right with compression of the right facet. There was "extreme pain" noted going into the right buttocks. The provider documented pain level on the first evaluation was rated 8 out of 10 VAS, and now down to 2 out of 10 VAS with pain medications. The appeal requested authorization for Tizanidine 4mg tablets #60 and Tramadol 50mg #60. The Utilization Review dated 9-10-15, modified the request to allow Tramadol 50mg #45, and denied the request for Tizanidine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 4mg #60:** Overturned

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

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

**Decision rationale:** According to CA MTUS Chronic Pain Medical Treatment Guidelines, page 66, Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. (Malanga, 2008) Eight studies have demonstrated efficacy for low back pain. (Chou, 2007) 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. It may also provide benefit as an adjunct treatment for fibromyalgia. Skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. First line agents, such as NSAIDs should be tried if there are no GI and cardiovascular contraindications. In this case the documentation does demonstrate that he is being treated for chronic low back pain from an injury sustained in 1995. He has been treated first line agents (Advil) since at least 08/4/15. The guidelines do demonstrate evidence to support the use of Tizanidine for the treatment of low back pain and that it should be considered prior to use of opioids. Therefore, the criteria set forth in guidelines have been met and the request is medically necessary.

**Tramadol 50mg #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.

**Decision rationale:** Per the CA MTUS Chronic Pain Medical Treatment Guidelines pages 93-94, Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is indicated for moderate to severe pain. Tramadol is considered a second line agent when first line agents such as NSAIDs fail. In this case, the note from 9/3015 documents his pain level at 2 out of 10 most of the time, which would be considered mild pain. Tramadol is recommended for moderate to severe pain. The request for Tramadol therefore does not meet the criteria set forth in the guidelines; therefore, the request is not medically necessary.