

Case Number:	CM15-0201495		
Date Assigned:	10/16/2015	Date of Injury:	10/27/2010
Decision Date:	12/03/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/13/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 47 year old female, who sustained an industrial injury on 10-27-10. Medical records indicate that the injured worker is undergoing treatment for a lesion of the ulnar nerve, medial epicondylitis, lateral epicondylitis, radial styloid tenosynovitis, tenosynovitis of the hand and wrist and sprain-strain unspecified of the shoulder and upper arm. The injured worker was noted to be temporarily totally disabled (forever). On (9-21-15 and 8-4-15) the injured worker complained of constant right shoulder pain and right elbow pain with associated weakness and numbness. The right elbow pain was rated 4-7 out of 10 and the right shoulder pain 8 out of 10 on the visual analogue scale. Examination of the right shoulder revealed tenderness and a positive impingement sign, crepitus and apprehension test. Range of motion was decreased. Muscle strength was 4-5. The referenced progress reports were handwritten and difficult to decipher. Treatment and evaluation to date has included medications, bracing, MRI of the right elbow, acupuncture treatments and right elbow ulnar nerve release surgery. Current medications include Ultram (since at least April of 2015) and Zanaflex (since at least April of 2015). The request for authorization dated 9-21-15 included requests for Ultram 50 mg # 120 and Zanaflex 2 mg # 120. The Utilization Review documentation dated 9-30-15 non-certified the requests for Ultram 50 mg # 120 and Zanaflex 2 mg # 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 2mg #120: Upheld

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: Zanaflex is a muscle relaxant indicated for the management of acute muscle spasm. CA MTUS Guidelines state that non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (2-3 weeks) of acute exacerbations of chronic low back pain and muscle spasm. This patient has been prescribed Zanaflex on a long-term basis, which is contrary to recommendations. There is no evidence of acute exacerbation or muscle spasm warranting the request for Zanaflex. Thus the request is not medically necessary or appropriate.

Ultram 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

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

Decision rationale: Ultram is a centrally-acting synthetic opioid indicate for moderate to severe neuropathic pain. It is not indicated for long-term use. ongoing use of opioids require monitoring and documentation of the 4 A's, analgesia, ADLs, appropriate medication use and aberrant behavior. In this case, the records do not adequately document continued analgesia, functional benefit or lack of adverse effects regarding the use of Ultram. There is also no documentation that the prescription is from a single provider or that Ultram is being used at the lowest possible dose. Therefore the request is not medically necessary or appropriate.