

<b>Case Number:</b>	CM15-0204343		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	09/19/2012
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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

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 59 year old male, who sustained an industrial injury on 09-19-2012. He has reported injury to the neck, bilateral shoulders, bilateral knees, and low back. The diagnoses have included cervical spine sprain-strain; lumbar spine sprain-strain; bilateral shoulder pain; and bilateral knee pain. Treatment to date has included medications, diagnostics, and home exercise program. Medications have included Ultram, Mobic, and Zanaflex. A progress report from the treating physician, dated 08-26-2015, documented a follow-up visit with the injured worker. The injured worker reported right greater than left shoulder pain; difficulty pushing, pulling, and reaching; right greater than left knee pain; difficulty lifting, bending, stooping, and kneeling; on and off flare ups of cervical spine, lumbar spine, and bilateral elbow-wrist pain; he is taking Ultram 50 mg four to five tablets a day, Zanaflex 2 mg four tablets a day, and Mobic 15 mg one tablet a day; the pain is rated at 8 out of 10 in intensity without medications; the pain is rated at 4 out of 10 in intensity with medications; and medications increase his standing-walking ability and improve participation in home exercise program. Objective findings included tenderness and pain to palpation of the bilateral shoulders, right greater than left; decreased ranges of motion; positive impingement bilaterally; tenderness and pain to palpation of the bilateral knees, right greater than left; decreased ranges of motion; increased bilateral knee pain with McMurray test; positive patellofemoral compression test; and he ambulates with a cane. The treatment plan has included the request for Ultram 50 mg quantity 240; and Zanaflex 2 mg quantity 240. The original utilization review, dated 10-02-2015, modified the request for Ultram 50 mg quantity 240, to Ultram 50 mg quantity 60; and modified the request for Zanaflex 2 mg quantity 240, to Zanaflex 2 mg quantity 20.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Ultram 50 mg Qty 240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, criteria for use, Opioids for chronic pain.

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

**Decision rationale:** Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, there is no documentation of an opioid agreement, risk assessment, or urine drug screen. The request for Ultram 50 mg Qty 240 is determined to not be medically necessary.

### **Zanaflex 2 mg Qty 240:** 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 FDA approved for the management of spasticity. The use of muscle relaxants for pain is recommended with caution as a second-line option for short term treatment of acute exacerbation in patients with chronic low back pain. There is some support for using Zanaflex in the treatment of myofascial pain syndrome and as an adjunct treatment for fibromyalgia. In this case, the injured worker has chronic pain without evidence of an acute exacerbation of muscle spasm. Additionally, this request for 240 tablets does not imply a short-term treatment. The request for Zanaflex 2 mg Qty 240 is determined to not be medically necessary.