

<b>Case Number:</b>	CM15-0209742		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	01/29/2014
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/26/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 1-29-14. A review of the medical records indicates she is undergoing treatment for herniated nucleus pulposus of the cervical spine, cervical radiculopathy, lumbar radiculopathy, sprain and strain of the right knee, status post right knee arthroscopy, chondroplasty, and microfracture of the medial femoral condyle on 7-9-15, and right trochanteric bursitis. Medical records (7-20-15, 8-21-15, 9-8-15, and 9-23-15) indicate ongoing complaints of right knee pain, rating "2 out of 10". The records indicate that her pain and range of motion of the right knee are "improving". She complains of weakness of the right knee, as well as feeling "slightly unstable" (9-23-15). She also complains of neck pain that radiates to her right arm and is associated with weakness of the right hand and numbness of the right index and little finger. She reports low back pain that radiates to her right leg with numbness in her foot. The physical exam (9-23-15) reveals JAMAR grip dynamometer strength readings of 16-14-14 kg on the right and 32-30-32 on the left. The cervical spine revealed tenderness over the right trapezius and paracervical musculature. The cervical compression test was positive for radicular pain into the right upper extremity. Decreased sensation is noted over the right C5 and C6 distribution. Decreased strength is noted in the right upper extremity in comparison with the left. Range of motion is noted to be limited. "Minimal" tenderness is noted of the right knee. Decreased strength with flexion and extension is noted when compared to the left. Decreased range of motion of the right knee is noted. Examination of the low back and right hip reveals tenderness over the right paraspinal muscles,

right gluteal musculature, and right trochanteric bursa. Diagnostic studies have included x-rays of the back and neck and an MRI of the cervical spine. Treatment has included physical therapy (4 sessions completed for the right knee and low back), as well as medications. Her medications include over-the-counter Aleve, as well as Xanax and Senokot that are prescribed through her primary care provider. Treatment recommendations include additional physical therapy 2 times a week for 4 weeks for the right knee and low back. The utilization review (9-30-15) includes requests for authorization of Tramadol 50mg #100, Tizanidine-Zanaflex 4mg #30, and physical therapy (right knee, lumbar spine) 2x4 weeks. Tramadol was modified to a quantity of 90. Tizanidine-Zanaflex was modified to a quantity of 20. Physical therapy was denied.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Tramadol hydrochloride 50mg #100: 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:** The records indicate the patient has ongoing complaints of stabbing pain in the neck, which travels into the shoulder blades to the right arm and hand. The patient also has complaints of ongoing right knee pain following surgery on 7/15. The current request for consideration is Tramadol hydrochloride 50mg #100. An RFA dated 9/23/15 indicates a request for Tramadol. However, the accompanying progress report offers no discussion regarding the request. As per MTUS guidelines, the criteria for use of opioids in the management of chronic pain include: prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy; ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, while there is clear documentation of moderate to severe pain there is no documentation of the 4 A's. There is no specific documentation of improved functional ability or return to work. There is also no documentation of adverse side effects or aberrant drug behaviors. There is no pain assessment, which details levels of pain before and after medication use and for how long the pain is reduced. There is also no discussion of urinary drug screen. The MTUS requires much more thorough documentation for continued opioid usage. The current request is not consistent with MTUS guidelines and not medically necessary.

**Tizanidine/Zanaflex 4mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Non-sedating muscle relaxants.

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

**Decision rationale:** The records indicate the patient has ongoing complaints of stabbing pain in the neck, which travels into the shoulder blades to the right arm and hand. The patient also has complaints of ongoing right knee pain following surgery on 7/15. The current request for consideration is Tizanidine/Zanaflex 4mg #30. Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. Tizanidine is allowed for myofascial pain, low back pain and fibromyalgia conditions per MTUS. While there is documentation of ongoing pain in the low back and knee, there is no documentation of muscle spasm. Furthermore, there is no documentation that the use of Zanaflex is having any direct affect on the patient's symptoms. The available medical records do not establish medical necessity for the request of Zanaflex 4mg #30. The request is not medically necessary.

**Physical therapy for the right knee and lumbar spine 2 times a week for 4 weeks:**

Overtured

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

**Decision rationale:** The records indicate the patient has ongoing complaints of stabbing pain in the neck, which travels into the shoulder blades to the right arm and hand. The patient also has complaints of ongoing right knee pain following surgery on 7/9/15. The current request for consideration is Physical therapy for the right knee and lumbar spine 2 x a week for 4 weeks. The attending physician report requests additional physical therapy to improve the strength and stability of the right knee and help reduce low back pain. Patient is status post arthroscopy, chondroplasty and microfracture of medial femoral condyle, 7/9/15. MTUS for post-surgical therapy guidelines support 12 sessions of therapy following meniscectomy. In this case, patient is still within postsurgical treatment period. The records indicate the patient has completed 4 sessions. The records document limited right knee flexion and also that the right knee range of motion is improving with physical therapy to date. As such, the recommendation for additional physical therapy is medically necessary.