

<b>Case Number:</b>	CM15-0216570		
<b>Date Assigned:</b>	11/06/2015	<b>Date of Injury:</b>	10/23/2006
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	10/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2015

### 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: Florida

Certification(s)/Specialty: Neurology, 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:

The injured worker is a 32 year old male with an industrial injury date of 10-23-2006. Medical record review indicated he was being treated for thoracic intervertebral disc extrusions at thoracic 6-7 and thoracic 7-8 and cord impingement with mild myelopathic symptoms of left foot tingling, cervical degenerative changes with persistent neck pain and headaches, thoracic rib dysfunction and pain with thoracic radiculopathic symptoms, left shoulder ankyloses due to thoracic myofascial tension, chronic severe pain and depression and anxiety. The injured worker presented on 09-08-2015 with lumbar spine pain and muscle spasms of thoracic spine. The treating physician noted the injured worker slept 7 hours a night with 3-4 interruptions due to pain. "Activities of daily living remain stable with his current medications." Medications (09-08-2015 included Tramadol IR, Norco, Zohydro, Hydrocodone, Duloxetine, Tizanidine and Ibuprofen. Review of medical records he had been taking Tramadol and Tizanidine since at least 04-14-2015. Physical exam (09-28-2015) noted tenderness to palpation with taught bands at myofascial trigger points with twitch responses in the levator scapula, trapezius and rhomboid muscles. There was two plus tenderness on the left mid to upper thoracic region. The treating physician documented the injured worker signed an opiate contract on 04-14-2015 and denied diversion of prescribed medications. On 10-19-2015 the request for Tramadol 50 mg # 120 was modified to a quantity of 45 and the request for Tizanidine 4 mg # 90 was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, opioids.

**Decision rationale:** The medical records report ongoing pain that is helped subjectively by continued use of opioid. The medical records do not indicate or document any formal opioid risk mitigation tool use or assessment or indicate use of UDS or other risk tool. ODG supports ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These 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. Given the medical records do not document such ongoing monitoring, the medical records do not support the continued use of opioids such as tramadol. The request is not medically necessary.

**Tizanidine 4mg #90: 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:** The medical records provided for review do not demonstrate physical exam findings consistent with spasticity or muscle spasm or myofascial spasm. MTUS supports zanaflex for the treatment of muscle spasm and spasticity. As such the medical records do not support the use of zanaflex congruent with MTUS. The request is not medically necessary.