

Case Number:	CM15-0219508		
Date Assigned:	11/12/2015	Date of Injury:	03/26/2015
Decision Date:	12/29/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/09/2015

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: California

Certification(s)/Specialty: Emergency 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 was a 43-year-old female, who sustained an industrial injury on March 26, 2015. The injured worker was undergoing treatment for cervicgia and cervical sprain and or strain. According to progress note of October 5, 2015, the injured worker's chief complaint was head, cervical spine, lumbar spine, left shoulder and arm. The pain was rated at 8 out of 10. The pain was located in the superior cervical spine, as well as the left mandibular region. The injured worker reported the therapy was helpful for the overall symptoms, of the left shoulder and lumbar spine. The physical exam noted normal active range of motion of the cervical spine. The injured worker reported pain with extension. There was moderate tenderness with palpation over the paraspinous muscles at the C1-C2 levels. There was normal sensation of the C6, C7 and C9 dermatomes of the bilateral extremities. The deep tendon reflexes were normal in the bilateral upper extremities. The injured worker previously received the following treatments home 3 times daily times 10 repetitions, physical therapy, Tizanidine 2mg since August 24, 2015 and Tramadol 50mg since August 24, 2015. The RFA (request for authorization) dated October 3, 2015the following treatments were requested prescriptions for Tizanidine 2mg #15 with 1 refill and Tramadol 50mg #10 with 1 refill. The UR (utilization review board) denied certification on October 29, 2015; for prescriptions for Tizanidine 2mg #15 with 1 refill and Tramadol 50mg #10 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #10 with 1 refill: 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, criteria for use.

Decision rationale: Tramadol/ Ultram is a Mu-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Pt appears to be on Tramadol for an unknown time period but this is noted to be a refill. Documentation fails to meet the appropriate documentation required by MTUS. There is no documentation of pain improvement, no appropriate documentation of objective improvement and there is no mention about a pain contract or screening for abuse. Documentation fails all MTUS guidelines for chronic opioid use. Tramadol is not medically necessary.

Tizanidine 2mg #15 with 1 refill: 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 (Tizanidine) is an antispasmodic muscle relaxant. It is FDA approved for muscle spasms. As per MTUS guidelines, muscle relaxants should be used for short-term use and for flare-ups only. Patient has been on this medication for an unknown time period and there is no documentation by provider of any objective improvement in pain or functional status. Tizanidine is not medically necessary.