

<b>Case Number:</b>	CM15-0221113		
<b>Date Assigned:</b>	11/16/2015	<b>Date of Injury:</b>	02/25/2013
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 26 year old male, who sustained an industrial injury on 2-25-2013. The injured worker is being treated for post traumatic right brachial plexopathy (associated double crush symptoms, associated vascular headaches and associated piriformis syndrome), depressive disorder, lumbar radiculitis and right shoulder sprain-strain syndrome. Treatment to date has included medications, diagnostics, epidural injection, acupuncture, home exercises, work restrictions and physical therapy. Per the Supplemental Report dated 10-05-2015, the injured worker presented for postoperative visit following an epidural injection. He reported 40% improvement and most of his right leg symptoms have resolved. The neck and right shoulder pain have improved. Objective findings included a non-tender right scalene with full range of motion in his neck and right shoulder. There is no significant scalene tenderness. Examination of the lumbar spine revealed mild tenderness to palpation to the lumbar musculature. Magnetic resonance imaging (MRI) of the right shoulder dated 4-06-2015 showed "tendinopathy but no complete rotator cuff tear." Ultrasound evaluation of the bilateral brachial plexus showed "right anterior scalene muscle predominant edema, fibrosis, and adhesions, brachial plexus middle and inferior trunk entrapment and thickening, markedly positive Adson test at 60 degrees abduction. Pectoralis minor has diffuse edema and thickening." Magnetic resonance imaging (MRI) of the lumbar spine (undated) revealed "L4-5 disc bulge." He has been prescribed Tramadol since at least 2-25-2013. Medications as of 5-20-2014 included Ultram (tramadol) and Flexeril. There is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. The notes from the provider do not document efficacy

of the prescribed medications. Work status was deferred to the PTP. The plan of care included medication management and aquatic therapy. Authorization was requested for Tramadol 50mg #120 and Zanaflex 4mg #30. On 10-14-2015, Utilization Review modified the request for Tramadol 50mg #120 and Zanaflex 4mg #30.

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

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

#### **Tramadol 50mg 1 po qid x 120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

**Decision rationale:** Regarding the request for Tramadol 50mg 1 po qid x 120, California Pain Medical Treatment Guidelines state that Tramadol is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no current indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but fortunately, the last reviewer modified the current request to allow tapering. In light of the above issues, the currently requested Tramadol 50mg 1 po qid x 120 is not medically necessary.

#### **Zanaflex 4mg 1 po qhs x 30: 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:** Regarding the request for tizanidine (Zanaflex), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that tizanidine specifically is FDA approved for management of spasticity; unlabeled use

for low back pain. Guidelines recommend LFT monitoring at baseline, 1, 3, and 6 months. Within the documentation available for review, there is no current identification of a specific analgesic benefit or objective functional improvement as a result of the tizanidine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Finally, it does not appear that there has been appropriate liver function testing, as recommended by guidelines. In the absence of such documentation, the currently requested Zanaflex 4mg 1 po qhs x 30 is not medically necessary.