

Case Number:	CM15-0224975		
Date Assigned:	11/23/2015	Date of Injury:	01/21/2004
Decision Date:	12/31/2015	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/17/2015

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 is a 63 year old male, who sustained an industrial injury on 1-21-04. The injured worker was being treated for spinal stenosis of lumbar region and intervertebral disc displacement of lumbar region. On 10-12-15, the injured worker complains of low back pain rated 8-10 out of 10 with radiation down right side to the knee area and on left all the way to the foot. Documentation does not include pain level prior to or following administration of medication or duration of pain relief or urine toxicology screen. Work status is unclear. Physical exam performed on 10-12-15 revealed tenderness to spinous processes in lumbosacral area and greater pain in left paralumbar area versus right, restricted range of motion, significantly decreased deep tendon reflexes in left and right lower extremities as well as bilateral Achilles area are decreased. Treatment to date has included oral medications including Tramadol (decreased pain slightly and utilized since at least 7-7-14), Dulcolax and Cyclobenzaprine and activity modifications. The treatment plan included continuation of Tramadol 50mg, discontinuation of Cyclobenzaprine, addition of Zanaflex 2mg, request for MRI and follow up appointment. On 11-3-15 request for Tramadol 50mg #60 with 2 refills was modified to #42 and Zanaflex 2mg #30 with 2 refills was modified to #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60 with 2 refills: Upheld

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

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

Decision rationale: The requested Tramadol 50mg #60 with 2 refills is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has low back pain rated 8-10 out of 10 with radiation down right side to the knee area and on left all the way to the foot. Documentation does not include pain level prior to or following administration of medication or duration of pain relief or urine toxicology screen. Work status is unclear. Physical exam performed on 10-12-15 revealed tenderness to spinous processes in lumbosacral area and greater pain in left paralumbar area versus right, restricted range of motion, significantly decreased deep tendon reflexes in left and right lower extremities as well as bilateral Achilles area are decreased. Treatment to date has included oral medications including Tramadol (decreased pain slightly and utilized since at least 7-7-14), Dulcolax and Cyclobenzaprine and activity modifications. The treatment plan included continuation of Tramadol 50mg, discontinuation of Cyclobenzaprine, addition of Zanaflex 2mg, request for MRI and follow up appointment. The treating physician has not documented: failed first-line opiate trials, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract nor urine drug screening. The criteria noted above not having been met, Tramadol 50mg #60 with 2 refills is not medically necessary.

Zanaflex 2mg #30 with 2 refills: 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 requested Zanaflex 2mg #30 with 2 refills is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has low back pain rated 8-10 out of 10 with radiation down right side to the knee area and on left all the way to the foot. Documentation does not include pain level prior to or following administration of medication or duration of pain relief or urine toxicology screen. Work status is unclear. Physical exam performed on 10-12-15 revealed tenderness to spinous processes in lumbosacral area and greater pain in left paralumbar area versus right, restricted range of motion, significantly decreased deep tendon reflexes in left and right lower extremities as well as bilateral Achilles area are decreased. Treatment to date has included oral medications including Tramadol (decreased pain slightly and utilized since at least 7-7-14), Dulcolax and Cyclobenzaprine and activity modifications. The treatment plan included continuation of Tramadol 50mg, discontinuation of Cyclobenzaprine, addition of Zanaflex 2mg, request for MRI and follow up

appointment. The treating physician has not documented spasticity or hypertonicity on exam, nor intolerance to NSAID treatment. The criteria noted above not having been met, Zanaflex 2mg #30 with 2 refills is not medically necessary.