

<b>Case Number:</b>	CM15-0225728		
<b>Date Assigned:</b>	11/24/2015	<b>Date of Injury:</b>	01/10/2012
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	11/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 28 year old male, who sustained an industrial injury on 1-10-2012. The injured worker was diagnosed as having left L5 radiculopathy and magnetic resonance imaging evidence of L5-S1 3mm broad-based disc bulge with focal central annular tear and moderate right neural foraminal stenosis with probable abutment of the exiting right L5 nerve root. Treatment to date has included diagnostics, lumbar epidural injections, psychotherapy, chiropractic, and medications. On 9-30-2015, the injured worker complains of low back pain with radiation into the left thigh "at least once a day". He reported that the intensity of the pain "varies" and often forced him to change positions. He was currently receiving chiropractic treatments and "has not been working". Current medications included Zanaflex, Ibuprofen, and transdermal compound cream. Exam of the back noted lumbosacral tenderness, but full range of motion. His disability status was documented as "patient is working" and "remains permanently partially disabled". He was refilled and dispensed Tizanidine, dispensed Tramadol ER 150mg (twice daily as needed) #90, and refilled compound cream. The use of Tizanidine and compound medicated cream was noted since at least 6-2015 and prior use of Tramadol ER was not noted. On 11-06-2015 Utilization Review non-certified a request for retrospective Cyclobenzaprine 10%, Gabapentin 5%, Lidocaine 5%, Capsaicin 0.025%, and non-certified a retrospective request for Tramadol ER 150mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Zanaflex 4 mg #60: Upheld**

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

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

**Decision rationale:** The requested Retrospective request for Zanaflex 4 mg #60, 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 with radiation into the left thigh "at least once a day". He reported that the intensity of the pain "varies" and often forced him to change positions. He was currently receiving chiropractic treatments and "has not been working". Current medications included Zanaflex, Ibuprofen, and transdermal compound cream. Exam of the back noted lumbosacral tenderness, but full range of motion. His disability status was documented as "patient is working" and "remains permanently partially disabled". He was refilled and dispensed Tizanidine, dispensed Tramadol ER 150mg (twice daily as needed) #90, and refilled compound cream. The use of Tizanidine and compound medicated cream was noted since at least 6-2015 and prior use of Tramadol ER was not noted. The treating physician has not documented spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Retrospective request for Zanaflex 4 mg #60 is not medically necessary.

**Retrospective Cyclobenzaprine 10% Gabapentin 5% Lidocaine 5% Capsaicin 0.25% #1: 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): Topical Analgesics.

**Decision rationale:** The requested Retrospective Cyclobenzaprine 10% Gabapentin 5% Lidocaine 5% Capsaicin 0.25% #1, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has low back pain with radiation into the left thigh "at least once a day". He reported that the intensity of the pain "varies" and often forced him to change positions. He was currently receiving chiropractic treatments and "has not been working". Current medications included Zanaflex, Ibuprofen, and transdermal compound cream. Exam of the back noted lumbosacral tenderness, but full range of

motion. His disability status was documented as "patient is working" and "remains permanently partially disabled". He was refilled and dispensed Tizanidine, dispensed Tramadol ER 150mg (twice daily as needed) #90, and refilled compound cream. The use of Tizanidine and compound medicated cream was noted since at least 6-2015 and prior use of Tramadol ER was not noted. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Retrospective Cyclobenzaprine 10% Gabapentin 5% Lidocaine 5% Capsaicin 0.25% #1 is not medically necessary.

**Retrospective request Tramadol ER 150 mg #90: 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 for chronic pain, Opioids, specific drug list.

**Decision rationale:** The requested Retrospective request Tramadol ER 150 mg #90, 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 with radiation into the left thigh "at least once a day". He reported that the intensity of the pain "varies" and often forced him to change positions. He was currently receiving chiropractic treatments and "has not been working". Current medications included Zanaflex, Ibuprofen, and transdermal compound cream. Exam of the back noted lumbosacral tenderness, but full range of motion. His disability status was documented as "patient is working" and "remains permanently partially disabled". He was refilled and dispensed Tizanidine, dispensed Tramadol ER 150mg (twice daily as needed) #90, and refilled compound cream. The use of Tizanidine and compound medicated cream was noted since at least 6-2015 and prior use of Tramadol ER was not noted. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, 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, Retrospective request Tramadol ER 150 mg #90 is not medically necessary.