

<b>Case Number:</b>	CM15-0033340		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	08/01/2001
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 56-year-old male, with a reported date of injury of 08/01/2001. The diagnoses include cervical discogenic disease with fusion and lumbar discogenic disease with fusion. Treatments have included oral medications. The progress report dated 01/05/2015 indicates that the injured worker had ongoing severe neck pain and low back pain. It was noted that multiple neurosurgical evaluations stated that he was really not a candidate for further surgical work. The injured worker stated that that his pain was going into his right arm and was getting worse. It was noted that the physical examination was unchanged the same as the 05/12/2014 visit, which showed severe range of motion of the lumbar spine, positive bilateral straight leg raise test, and an antalgic gait. The treating physician requested Tizanidine extended-release (ER) 120mg #60 and Tramadol 100mg #60 for failed back, failed lumbar spine, and failed cervical spine with fusion. On 01/27/2015, Utilization Review (UR) denied the request for Tizanidine extended-release (ER) 120mg #60 and Tramadol 100mg #60, noting that there was no documentation or rationale that the requested medications were required for treatment of the injury. The MTUS Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Purchase Tizanidine ER 120mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, purchase Tizanidine ER 120 mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are profound cervical discogenic disease with fusion; profound lumbar discogenic disease with fusion; ongoing severe pain secondary to #1 and #2. The documentation shows the injured worker is taking Tizanidine 4 mg. Tizanidine does not come in an extended release form and does not come in 120mg. Consequently, absent documentation with correct drug name, dose and strength, Tizanidine 120 mg #60 is not medically necessary.

**Purchase of Tramadol 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, purchase Tramadol 100 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are profound cervical discogenic disease with fusion; profound lumbar discogenic disease with fusion; ongoing severe pain secondary to #1 and #2. The documentation shows the injured worker is taking tramadol 50 mg and Tramadol ER. The documentation is unclear which Tramadol the requesting physician is ordering. The documentation shows the injured worker is taking Tramadol 50 mg. There is no strength on the tramadol ER in the record. Consequently, absent clinical documentation with a specific Tramadol dose and strength, purchase Tramadol 100 mg #60 is not medically necessary.

