

Case Number:	CM15-0050166		
Date Assigned:	03/23/2015	Date of Injury:	09/19/2002
Decision Date:	05/01/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/17/2015

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: Physical Medicine & Rehabilitation

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 58 year old female, who sustained an industrial injury on 09/19/2002. The injured worker was diagnosed as having chronic neck, arm pain, carpal tunnel syndrome, leg pain, cervical radiculopathy and chronic pain syndrome. Treatment to date has included spinal cord stimulator, x-rays, computed tomography myelogram and medications. Currently, the injured worker complains of neck pain, right shoulder pain, right arm and hand pain, numbness and tingling from the neck. Current medications included Amlodipine, aspirin, Atenolol, Celebrex, Cymbalta, Gabapentin, Lasix, Metolazone, Tramadol, Vicodin, Vitamin B12-folic acid and Zanaflex. Plan of care included trigger point injection, Celebrex, Gabapentin, Tramadol and Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex cap 4mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with neck, right shoulder, right arm and hand pain with numbness and tingling from the neck. The request is for Zanaflex Cap 4MG. The RFA is not provided. Patient's diagnosis included chronic neck, arm pain, carpal tunnel syndrome, leg pain, cervical radiculopathy and chronic pain syndrome. The reports do not reflect whether or not the patient is working. MTUS Guidelines pages 63 through 66 state "recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain." They also state "This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects." Zanaflex is FDA approved for management of spasticity and unlabeled use for low back pain. The patient does not present with low back pain, myofascial pain nor fibromyalgia pain for which Zanaflex may be indicated. The treater does not discuss the specific reason for this prescription. Given the lack of indication per MTUS, trial of this medication would not be indicated. The request IS NOT medically necessary.

Tramadol HCL 300mg ER #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Tramadol Page(s): 76-78, 88-90, 113.

Decision rationale: The patient presents with neck, right shoulder, right arm and hand pain with numbness and tingling from the neck. The request is for Tramadol HCL 300MG ER #30. The RFA is not provided. Patient's diagnosis included chronic neck, arm pain, carpal tunnel syndrome, leg pain, cervical radiculopathy and chronic pain syndrome. The reports do not reflect whether or not the patient is working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol states: Tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Review of the medical records does not indicate the initiation date of opioid therapy; however, it is noted that the request is for a refill of this prescription with two additional refills. Treater has not stated how Tramadol reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments that address analgesia. The 4A's are not specifically addressed including discussions regarding adverse reactions, aberrant drug behavior, ADL's, etc. There are no discussions in relation to the UDS's, opioid pain agreement, or CURES reports, either. MTUS requires appropriate discussion of the 4A's.

Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.