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| <b>Case Number:</b>   | CM15-0059998 |                              |            |
| <b>Date Assigned:</b> | 04/06/2015   | <b>Date of Injury:</b>       | 05/22/2014 |
| <b>Decision Date:</b> | 05/06/2015   | <b>UR Denial Date:</b>       | 03/03/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/30/2015 |

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 43-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 22, 2004. In a Utilization Review report dated March 3, 2015, the claims administrator failed to approve requests for tizanidine, tramadol, and Colace. The claims administrator referenced a RFA form received on February 24, 2015 in its determination, along with a progress note dated February 12, 2015. On January 15, 2015, the applicant reported ongoing complaints of low back pain. The applicant had derivative issues including fibromyalgia, it was acknowledged. Sitting, kneeling, standing, and walking remained problematic. Ancillary complaints of knee pain were noted. The applicant's work status was not clearly stated, although it did not appear that the applicant was working. The applicant has completed 12 recent sessions of physical therapy. Naproxen, tizanidine, and a topical compounded cream were endorsed. The applicant was described as having 8/10 pain in another section of the note. On February 12, 2015, tizanidine, tramadol, and Colace were endorsed. The applicant developed issues with opioid-induced constipation, it was stated. The applicant had apparently received recent trigger point injection therapy, it was acknowledged. Once again, the applicant's work status was not furnished. The applicant went on to receive manipulative therapy and physical therapy in both February 2015 and March 2015. On February 23, 2015, the applicant was placed off of work, on total temporary disability, through April 6, 2015. The applicant was asked to continue physical therapy and manipulative therapy while following up with her pain management physician.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine 50mg at bed time for muscle relaxation, quantity unspecified, refill unspecified:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

**Decision rationale:** No, the request for tizanidine, an antispasmodic medication, was not medically necessary, medically appropriate, or indicated here. While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine or Zanaflex is FDA approved in the management of spasticity but can be employed off label for myofascial pain and/or low back pain, both of which were seemingly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was off of work, on total temporary disability, it was acknowledged on February 23, 2015. The applicant's pain complaints were seemingly heightened from visit to visit, despite ongoing tizanidine usage. The applicant reported difficulty performing activities of daily living as basic as sitting, standing, walking, and kneeling despite ongoing usage of tizanidine. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request was not medically necessary.

**Tramadol 50mg 2 times a day for break through pain, quantity unspecified, refill unspecified:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Similarly, the request for tramadol, a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved a result of the same. Here, however, the applicant was off of work, on total temporary disability, it was acknowledged on February 23, 2015. The attending provider failed to outline any meaningful or material improvements in function or quantifiable decrements in pain (if any) effected as a result of ongoing tramadol usage. The applicant's continued commentary to the effect that she was having difficulty performing activities of daily living as

basic as standing, walking, and kneeling, taken together, did not make a compelling case for continuation of tramadol. Therefore, the request was not medically necessary.

**Colace 100mg 2 times a day, quantity unspecified, refill unspecified:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 3) Initiating Therapy Page(s): 77.

**Decision rationale:** Conversely, the request for Colace, a stool softener/laxative, was medically necessary, medically appropriate, and indicated here. As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic initiation of therapy for constipation is recommended in applicants using opioids. Here, the applicant had, in fact, reported actual symptoms of constipation seemingly generated by introduction of tramadol. Usage of Colace, a stool softener/laxative, thus, was indicated to combat the same. Therefore, the request was medically necessary.