

Case Number:	CM15-0084806		
Date Assigned:	05/07/2015	Date of Injury:	12/01/2004
Decision Date:	06/08/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/04/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 male who sustained an industrial injury on 12/01/2004. Current diagnoses include component of complex regional pain syndrome, left lower extremity and post traumatic degenerative disease, left knee and ankle. Previous treatments included medication management, physical therapy, and left leg surgery. Initial injuries included severe left leg pain. Report dated 02/27/2015 noted that the injured worker presented for medication management. It was noted that Ultram and Zanaflex are helpful in managing pain and spasm. Pain level was not included. Physical examination was positive for gait is left leg guarded with tenderness over the left ankle and foot. The treatment plan included requests for tramadol and Zanaflex, ultimately the injured worker mat require surgery, and ongoing request for left ankle brace has been denied. Disputed treatments include tramadol and Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 mg Qty 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86 Page(s): 8, 76-80, 86.

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for left lower extremity pain. He sustained a tibial fracture and has ankle degenerative joint disease. A fusion is being considered with caution due to a history of CRPS. When seen, medications are referenced as helping. There was ankle tenderness and a guarded gait. Tramadol was prescribed at a total MED (morphine equivalent dose) of 20 mg per day. Tramadol is an immediate release medication often used for intermittent or breakthrough pain. In this case, the claimant would be expected to have somewhat predictable activity-related breakthrough pain (i.e. incident pain) when standing and walking which is consistent with the history of injury and clinical presentation. Tramadol is being prescribed as part of the claimant's ongoing management. Although the benefit of this medication is not well documented, there are no identified issues of abuse or addiction. The total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of tramadol is considered as medically necessary.

Zanaflex 4 mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (chronic) Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), p63-66 Page(s): 63-66.

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for left lower extremity pain. He sustained a tibial fracture and has ankle degenerative joint disease. A fusion is being considered with caution due to a history of CRPS. When seen, medications are referenced as helping. There was ankle tenderness and a guarded gait. Tramadol was prescribed at a total MED (morphine equivalent dose) of 20 mg per day. Tizanidine (Zanaflex) is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. In this case, there is no identified new injury or acute exacerbation and muscle relaxants have been prescribed on a long-term basis. The claimant does not have an upper motor neuron syndrome. It is not medically necessary.