

Case Number:	CM15-0088715		
Date Assigned:	05/12/2015	Date of Injury:	05/24/2006
Decision Date:	06/12/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/08/2015

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, Florida, 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 injured worker is a 62-year-old female, who sustained an industrial injury on May 24, 2006. She reported cumulative trauma injuries of the neck and shoulder with residual headaches. The injured worker was diagnosed as having chronic neck and upper extremity pain, chronic low back pain, a history of cervical 3-cervical 7-radiofrequency ablation and radiofrequency lesioning of bilateral lumbar 3-sacral 1 in 2005, chronic migrainous headaches, and chronic myofascial pain. Diagnostic studies to date have included MRI, electromyography/nerve conduction velocity studies, and urine drug screening. Treatment to date has included acupuncture, physical therapy, an H-wave unit, a transcutaneous electrical nerve stimulation (TENS) unit, home traction, lumbar spine corset, arm injections, arm braces, heat/cold, and medications including opioid, topical non-steroidal anti-inflammatory, topical pain, muscle relaxant, and migraine. On April 14, 2015, the injured worker reports she can tolerate her pain as long as she takes her medications. Her pain is rated 7-8/10 without medications and 4-5/10 with medications. Her muscle relaxant medication helps her to sleep better and controls her spasms and myofascial pain. She does yoga twice a week and goes to a pool three times a week to walk and use weights. She is working full time. The treating physician noted she has no aberrant drug-seeking behavior and her urine drug screen have been consistent. The physical exam revealed no significant changes. The treatment plan includes continuing the Tramadol and Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 100mg Qty 90. 00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Pain interventions and treatments 8 C. C. R. 9792. 20 - 9792. 26 MTUS (Effective July 18, 2009) Page(s): 12,13 83 and 113 of 127. .

Decision rationale: This claimant was injured now about 9 years ago. There is chronic subjective pain. The pain subjectively drops three Visual Analogue Points [VAS] with medicines; she appears fully functional, working, doing Yoga and the like. Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long-term studies to allow it to be recommended for use past six months. A long-term use of is therefore not supported. The request is not medically necessary.

Zanaflex 4mg Qty 300. 00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C. C. R. 9792. 20 - 9792. 26 MTUS (Effective July 18, 2009) Page(s): 64 of 127.

Decision rationale: This claimant was injured now about 9 years ago. There is chronic subjective pain. The pain subjectively drops three Visual Analogue Points [VAS] with medicines; she appears fully functional, working, doing Yoga and the like. No acute injury muscle spasm is noted. Regarding muscle relaxants like Zanaflex, the MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008). In this case, there is no evidence of it being used short term or acute exacerbation. There is no evidence of muscle spasm on examination. The records attest it is being used long term, which is not supported in MTUS. Further, it is not clear it is being used second line; there is no documentation of what first line medicines had been tried and failed. Further, the MTUS notes that in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The request was appropriately not medically necessary.