

Case Number:	CM14-0136268		
Date Assigned:	09/05/2014	Date of Injury:	12/06/2007
Decision Date:	10/29/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/25/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 40-year-old male with a date of injury of 12/06/2007. The listed diagnoses per [REDACTED] are: 1. Bilateral upper extremity complex regional pain syndrome.2. Mechanical neck pain.3. Cervical facet joint arthropathy.4. Bipolar disorder.5. Status post right shoulder surgery.6. Anxiety secondary to chronic pain.7. Hypertension secondary to industrial injury. The date of patient's shoulder surgery is not indicated in the medical file. According to progress report 06/13/2014, the patient continues to complain of severe bilateral upper extremity pain. Examination revealed pain and discomfort of the bilateral extremities, with swelling, discoloration of bilateral hands and fingers. There was limited range of motion of the bilateral wrists, hands, and shoulders. The provider is requesting a refill of Tizanidine 4 mg q.h.s. and tramadol 50 mg 2 tablets 3 times daily. Utilization review denied the request on 07/25/2014. Treatment reports from 02/17/2014 through 06/12/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg, at bedtime: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Tizanidine Page(s): 63,111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines low back pain Page(s): 60 and 66.

Decision rationale: This patient presents with continued bilateral upper extremity pain. The provider is requesting a refill of Tizanidine 4 mg at bedtime. Review of the medical file indicates the patient has been taking this medication since at least 04/10/2014. MTUS Guidelines page 66 allows for the use of Zanaflex (Tizanidine) for low back pain, myofascial pain, and fibromyalgia. In this case, the provider does not discuss the efficacy of this medication. There is no documentation of functional improvement or decrease in pain with taking Zanaflex. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Therefore, this request is not medically necessary.

Tramadol 50mg, 2 tabs 3 x daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 82,124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88 and 89.

Decision rationale: This patient presents with bilateral upper extremity pain. The provider is requesting a refill of tramadol 50 mg 2 tablets 3 times daily. For opiate management, MTUS Guidelines pages 88 and 89 state, "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).Review of the medical file indicates the patient has been prescribed this medication since at least 04/10/2014. In this case, the provider does not provide pain assessment utilizing a pain scale or outcome measures as required by MTUS. Furthermore, it appears the medications are not working as the provider has requested an Intrathecal pump implant. Progress report 06/13/2014 indicates the patient has been cleared by psychologist, and the patient is to proceed with the Intrathecal pump implant. The provider does not discuss analgesia, specific functional improvement, or changes in ADLs with taking long-term tramadol. Given the lack of sufficient documentation for opiate management, therefore, this request is not medically necessary.