

Case Number:	CM14-0140803		
Date Assigned:	09/10/2014	Date of Injury:	11/02/2011
Decision Date:	10/27/2014	UR Denial Date:	08/23/2014
Priority:	Standard	Application Received:	09/02/2014

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 Internal Medicine 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 injured worker is a 40 year old female with a reported date of injury on November 02, 2011. The mechanism of injury is not described. The injured worker is diagnosed with sprain of the neck. The injured worker has also been noted to complain of depression, anxiety, and sleep difficulty. A progress report from February of 2014 indicates the injured worker is under treatment of a psychiatrist. A treating physician's progress note dated July 21, 2014 documents reports of persistent neck pain which radiates to the scapular region and is aggravated by head turning. Objective findings included pain on palpation of the cervical musculature, right brachial tenderness, decreased range of motion (ROM) positive Spurling's on the right, axial head compression greater on the right, and mild dysesthesia of the right C6 dermatome. This treating physician recommended tramadol and tizanidine as pain interventions. A progress report dated January 28, 2014 by another treating physician documented a prescription for Ultram 50 mg and Soma 350 mg quantity 60. A urine drug screen dated January 28, 2014 showed Soma was prescribed but not detected.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 76-88.

Decision rationale: The patient is already receiving Tramadol from another provider. Chronic opiate use is only acceptable if there is failure of judicious trials of other medications such as NSAID, acetaminophen, anti-depressants / tricyclics and anti-epileptics, as appropriate. Assessment of psychological and behavioral determinants of chronic pain is recommended strongly as part of the biopsychosocial model of chronic pain. Therefore, the request for Tramadol by a second provider is not recommended. The request is not medically necessary.

Tizanidine 4mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), Tizanidine (Zanaflex). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti spasmodics and anti spastics Page(s): 64-66.

Decision rationale: The patient is receiving Soma from another provider, which is a muscle relaxer. Per applicable guidelines, anti-spastics, anti-spasmodics and similar agents should be used sparingly, and for short periods of time. They should be used long term only if other safer agents that have greater efficacy are ineffective. These agents include NSAID, acetaminophen and anti-depressants or anti-epileptics for both chronic pain and neuropathic pain. Non pharmacological treatment including physical therapy, acupuncture, chiropractic therapy, work restrictions, activity modification, heat and cold, topical anesthetics such as lidocaine and massage along with biopsychosocial assessment and management are important components of chronic pain management. Therefore the request is not medically necessary.