

Case Number:	CM14-0149569		
Date Assigned:	09/18/2014	Date of Injury:	05/21/2013
Decision Date:	11/24/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/15/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and bilateral shoulder pain reportedly associated with an industrial injury of May 21, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; TENS unit; unspecified amounts of physical therapy; unspecified amounts of aquatic therapy; and extensive periods of time off of work. In a Utilization Review Report dated August 22, 2014, the claims administrator failed to approve a request for tramadol and Zanaflex, stating that the applicant had failed to profit from the same. The claims administrator seemingly interpreted the request as renewal request as opposed to first-time request but noted that it was unclear whether the applicant had in fact begun tramadol or not. In another section of the report, somewhat incongruously, the claims administrator stated that attending provider was requesting a "trial" of Zanaflex and tramadol. The claims administrator based its decision on progress note dated August 7, 2014. The applicant's attorney subsequently appealed. In a progress note dated May 6, 2014, the applicant was placed off of work, on total temporary disability. The applicant was using Mobic and Norco as of that point in time. In an April 16, 2014 progress note, the applicant was described as using Norco, Mevacor, Zestril, and Ativan. It was stated that Norco was generating only minimal relief as the applicant continued to report ongoing complaints of 7-8/10 low back pain. On June 26, 2014, the applicant was again placed off of work, on total temporary disability. Epidural blocks and medial branch blocks were sought. The applicant was using a cane to move about. The applicant's medication list was not attached on this occasion. In an August 11, 2014 progress note, the applicant was given prescriptions for Norco, Norflex, and lidocaine and again placed off of work, on total temporary disability. TENS unit supplies were endorsed. The remainder of the file was surveyed. There was no mention of the applicant's is having previously tried tramadol or Zanaflex, either of the

articles at issue. On August 7, 2014, the applicant's pain management physician suggested a trial of tramadol and Zanaflex. Ongoing complaints of low back pain were noted. The applicant exhibited an antalgic gait requiring usage of a cane. The requesting provider posited that ongoing usage of Norco had not proven effective. The note was typewritten, somewhat interestingly, while the claims administrator noted in its UR report that the August 7, 2014 progress note was handwritten.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 100mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: While page 113 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tramadol is not recommended as a first-line agent, in this case, however, all evidence on file points to the applicant's having failed several other first and second-line agents, including Norco, Mobic, Norflex, etc. The request in question does seemingly represent a first-time request for tramadol. A trial of the same is indicated, given the failure of numerous other first, second, and third-line options. Therefore, the request is medically necessary.

Zanaflex: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine/Zanaflex Page(s): 66.

Decision rationale: As noted on page 66 of the MTUS Chronic Pain Medical Treatment Guidelines, tizanidine or Zanaflex is FDA approved in the management of spasticity but can be employed for unlabeled use for low back pain, as is present here. As was the request for tramadol, the request for tizanidine (Zanaflex) does represent a first-time request for the same. A trial of tizanidine is indicated here, given the failure of numerous other first, second, and third-line options, including Mobic, Norco, Mobic, topical Lidoderm, etc. Therefore, the request is medically necessary.