

<b>Case Number:</b>	CM14-0182139		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	10/07/1983
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Family Practice 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:

66 yr. old female claimant sustained a work injury on 10/7/83 involving the low back, bilateral wrists, bilateral elbows, teeth and left foot. She was diagnosed with left foot bone spurs, epicondylitis, and lumbar strain. She had been on Tramadol for pain since at least December 2013. A progress note on 4/28/14 indicated the claimant had a positive straight leg raise, tenderness in both arms, wrist, elbows and teeth. A clinical review note indicated the claimant had 9/10 pain. The claimant was performing home exercises. There were spasms in the right shoulder. A request was made for continuing Tramadol for 3 month supply along with Zanaflex as well as transportation for future office visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription for Ultram ER 150mg #60 (through [REDACTED]) between 10/3/2014 and 1/15/2015.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's pain persisted over time with minimal change in function. He had been on the maximum dose of Tramadol. There was no controlled substance agreement noted. The continued use of Tramadol ER for 3 months as above is not medically necessary.

**1 prescription for Zanaflex 2mg, #120 (through [REDACTED]) between 10/3/2014 and 1/15/2015.: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 212 , 299 , 308, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

**Decision rationale:** Zanaflex is a muscle relaxant . According to the MTUS guidelines, muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the claimant had been given Zanaflex for 3 months. Chronic use of Zanaflex is not medically necessary.

**1 transportation to/from all medical appointments between 10/3/2014 and 1/15/2015.: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Office Visits

**Decision rationale:** Although the guidelines do not make specific comment on transportation, office visits are appropriate based on medical necessity. In this case, the necessity of each visit is not outlined. Medical appointments related or unrelated to the injury are not specified. The request above is therefore not medically necessary.