

Case Number:	CM15-0124839		
Date Assigned:	07/09/2015	Date of Injury:	10/30/1999
Decision Date:	09/22/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/29/2015

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: New York

Certification(s)/Specialty: Internal 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 54 year old female, who sustained cumulative industrial injuries from October 30, 1998 to October 30, 1999 working as a stunt woman. She reported neck, right shoulder, low back and right knee pain. The injured worker was diagnosed as having post laminotomy pain syndrome, status post lumbar 2-3 fusion, right lateral knee internal derangement and chondromalacia and status post right shoulder arthroscopic surgery on 2015. Treatment to date has included diagnostic studies, radiographic imaging, surgical interventions of the lumbar spine and right shoulder, physical therapy, medications and work restrictions. Currently, the injured worker complains of continued severe right shoulder pain with decreased range of motion and weakness. The injured worker reported cumulative industrial injuries from 1998 to 1999, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. She underwent right shoulder surgery in February of 2015. Since then she has underwent six sessions of physical therapy, practiced home exercises, wore an arm sling during outings and required medications for pain control. Evaluation on April 6, 2015, revealed continued pain. She was noted to have anxiety and frustration secondary to pain. Physical therapy notes on April 8, 2015, revealed she had been making progress before the initial six sessions were finished however there was no measurements describing improved pain or range of motion. She received a right shoulder injection on May 5, 2015. Evaluation on May 16, 2015, revealed continued right shoulder pain as noted. She reported feeling anxious secondary to increasing pain since the procedure. Tramadol, Norco and Tizanidine were

continued. Urinary drug screen on May 16, 2015, was consistent with expectations. Evaluation on June 4, 2015, revealed continued right shoulder pain. It was noted she required pain medication during the day to maintain function and control pain and muscle relaxants at night to maintain sleep. Tramadol 50 mg four times daily and Tizanidine 4 mg at bedtime were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 74-96.

Decision rationale: According to the California (CA) MTUS Guidelines Tramadol is a centrally-acting opioid. CA MTUS recommends short-term use of opioids after a trial of a first line oral analgesic has failed. During the extended period of time the injured worker used Tramadol, no functional improvement, improved pain or increase in activity level was documented. It was noted the injured worker continued to have worsening pain during the period of time while using Tramadol. Only one pain scale was noted in the provided documentation. There was no baseline pain assessment and no continued pain assessments. Based on the information noted in the provided documentation, the request for Tramadol is not medically necessary.

Tizanidine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain) Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 65.

Decision rationale: According to the California MTUS Guidelines, Tizanidine (Zanaflex) is a centrally acting alpha2-adrenergic agonist that is approved for the management of spasticity and has an off label use for low back pain. The injured worker complains of chronic right shoulder pain. Documentation fails to show significant improvement in pain or function to support the ongoing use of Tizanidine. The request for Tizanidine is not medically necessary per guidelines.