

<b>Case Number:</b>	CM15-0128716		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	04/30/1986
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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: California, North Carolina  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 62 year old female who reported an industrial injury on 4/30/1986. Her diagnoses, and or impression, were noted to include: post-cervical laminectomy syndrome; cervicalgia; bilateral trapezius spasms; cervical spasms and radiculopathy; and neck stiffness and bilateral hand numbness. No current imaging studies were noted. Her treatments were noted to include medication management; and rest from work. The progress notes of 5/26/2015 reported constant, daily, severe neck pain and tightness in the neck muscles. Objective findings were noted to include restricted range-of-motion. The physician's requests for treatments were noted to include the continuation of Norco, Tizanidine and Tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-88.

**Decision rationale:** CA MTUS recommends that opioids only be used in cases of severe pain for the shortest possible time period. They are not indicated for long-term use. In cases with ongoing treatment with opioids, there should be documentation of pain relief, functional status, appropriate use and side effects. In this case, there is no documentation of appropriate use or side effects of medication. The patient continues to complain of "constant neck pain" and there is no evidence of benefit or functional improvement with the Norco usage. There is also no clinical documentation with objective findings on examination to support the medical necessity of Norco. The request is not medically necessary.

**Tizanidine 4mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 66.

**Decision rationale:** Tizanidine is a muscle relaxant approved for the management of spasticity. It has been recommended as a first-line option to treat myofascial pain. In this case, the clinical documentation submitted reports that the patient continues to present with "constant" neck pain. The efficacy of the Tizanidine is not documented in the medical records. Muscle relaxants are recommended for short-term use. Given the lack of documentation showing the efficacy of this medication and the long-term duration of use, the request is not medically necessary or appropriate.

**Tramadol 50mg #50:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

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

**Decision rationale:** Tramadol is a centrally acting synthetic opioid analgesic and is not recommended as a first line oral analgesic, according to the CA MTUS Guidelines. The MTUS states that there should be a documentation of the "4 A's" for ongoing monitoring including analgesia, activities of daily living, adverse side effects and aberrant behavior. The clinical documentation submitted failed to provide the documentation of the "4 A's" to support ongoing usage. There is also no documentation of functional benefit with the medication. The medication does not appear to allow the patient to work, as she has been instructed to "rest from work." Therefore the request for Tramadol is not medically necessary.