

Case Number:	CM15-0129726		
Date Assigned:	07/16/2015	Date of Injury:	09/18/2001
Decision Date:	08/19/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/06/2015

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: Anesthesiology

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 72 year old female who sustained an industrial injury on 09/18/2001. Current diagnoses include other chronic pain, degenerative lumbar/lumbosacral intervertebral disc, thoracic. lumbosacral nurlitis/radiculitis, and other symptoms referable to back. Previous treatments included medications and home exercise program. Previous diagnostic studies include a urine drug screening dated 06/02/2015, which was inconsistent with prescribed medications. Report dated 06/02/2015 noted that the injured worker presented for medication review and recheck. Pain level was 3 out of 10 on a visual analog scale (VAS). Physical examination was not performed. The treatment plan included refilling medications which included Ultram ER, Prevacic, Voltaren, Zanaflex, and Tylenol #3, discussed body mechanics and disease management. Submitted medical records support that the injured worker has been prescribed Ultram, Tylenol with Codeine, and Zanaflex since at least 10/13/2014. Disputed treatments include Ultram, Tylenol with Codeine, and Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 200mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement, Opioids section Page(s): 1, 74-96.

Decision rationale: The requested medication is a combination of an opioid analgesic, an analgesic, and an anti-emetic. According to the California MTUS, Tramadol (Ultram) is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, "Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications." The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." The medical records submitted for review do not include the above recommended documentation. There were no functional improvements noted with the use of the medications. In addition, the urine drug screen dated 06/02/2015 submitted for review was inconsistent with prescribed medications. Medical necessity of the requested combination medication has not been established. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. The requested combination medication is not medically necessary.

Tylenol w/ codeine 300-30mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement, and Opioids section Page(s): 1, 74-96.

Decision rationale: Tylenol with Codeine (Tylenol #3) is a short-acting opioid analgesic. It is recommended as an option for mild to moderate pain. Codeine is a schedule C-II controlled substance, but codeine with acetaminophen is a C-III controlled substance. It is similar to morphine. Sixty (60) mg of codeine is similar in potency to 600 mg of acetaminophen. It is widely used as a cough suppressant. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." The medical records submitted for review do not include the above recommended documentation. There were no functional improvements noted with the use

of the medications. Also, the request does not include dosing frequency or duration. Furthermore, the urine drug screen, dated 06/02/2015, submitted for review was inconsistent with prescribed medications. Therefore, the request for this medication is not medically necessary.

Zanaflex 4mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain, and Tizanidine (Zanaflex) Page(s): 63-66.

Decision rationale: The California MTUS chronic pain medical treatment guidelines provide specific guidelines for the use of muscle relaxants. "Recommendation is for non-sedating muscle relaxants with caution as a second-line option for short term treatment of acute exacerbations in patients with chronic low back pain." Zanaflex (Tizanidine) is a centrally acting alpha2- adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. It is indicated for the treatment of chronic myofascial pain and considered an adjunct treatment for fibromyalgia. According to the CA MTUS Guidelines, muscle relaxants have not been considered any more effective than non-steroidal anti-inflammatory drugs (NSAIDs) for pain or overall improvement. There is no additional benefit shown in combination with NSAIDs. In addition, sedation is the most commonly reported adverse effect of muscle relaxant medications. Also, the guideline criteria do not support the long-term (>2 wks) use of muscle relaxants. Documentation provided supports that the injured worker has been prescribed Tizanidine (Zanaflex) since at least 10/13/2014. There is no documentation submitted to support improvement in reducing pain or increasing function with the use of this medication. Also urine drug screening dated 06/02/2015 did not test for Zanaflex. Therefore, the request for Zanaflex 4mg #30 with 2 refills has not been established. The requested medication is not medically necessary.