

Case Number:	CM15-0146899		
Date Assigned:	08/10/2015	Date of Injury:	04/21/1997
Decision Date:	10/05/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/28/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 46-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 21, 1997. In a Utilization Review report dated July 22, 2015, the claims administrator failed to approve requests for Tramadol and Zanaflex. The claims administrator referenced an RFA form received on July 16, 2015 and an associated progress note of July 8, 2015 in its determination. The applicant's attorney subsequently appealed. The claims administrator's medical evidence log, however, suggested that the most recent note on file was in fact dated February 16, 2015; thus, the July 8, 2015 progress note which the claims administrator based its decision upon was not seemingly incorporated into the IMR packet. On said February 16, 2015 progress note, the applicant reported ongoing complaints of low back pain. The applicant had apparently received recommendation to pursue a spinal fusion surgery but apparently was hesitant to move forward with the same. Permanent work restrictions, Tramadol, and Zanaflex were renewed. The attending provider contented that Tramadol was ameliorating the applicant's pain complaints and facilitating unspecified activities but did not seemingly elaborate further. It was not clearly stated whether the applicant was or was not working with permanent limitations in place, although this did not appear to be the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg 1 three times a day #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Tramadol, a synthetic opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not clearly reported on February 16, 2015. It did not appear, however, that the applicant was working with permanent limitations in place as of that date. While the attending provider contented that ongoing medication consumption was beneficial, these reports were, however, outweighed by the applicant's seeming failure to return to work, the attending provider's failure to clearly recount the applicant's work status, the attending provider's failure to identify quantifiable decrements in pain effected as a result of ongoing Tramadol usage, and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function (if any) as a result of ongoing Tramadol usage. Therefore, the request was not medically necessary.

Zanaflex 4mg 1 at bedtime #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Tizanidine (Zanaflex, generic available); Functional Restoration Approach to Chronic Pain Management Page(s): 66; 7.

Decision rationale: Similarly, the request for tizanidine (Zanaflex) was likewise not medically necessary, medically appropriate, or indicated here. While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine or Zanaflex is FDA approved in the management of spasticity but can be employed for unlabeled use for low back pain, as was/is present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, permanent work restrictions were renewed, unchanged, on February 6, 2015. It did not appear that the applicant was working with said limitations in place. Ongoing usage of Zanaflex (tizanidine) failed to curtail the applicant's benefits on opioid agents such as Tramadol. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e despite ongoing usage of the same. Therefore, the request was not medically necessary.

