

<b>Case Number:</b>	CM15-0172895		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	06/03/2002
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2015

### 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: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 70-year-old male who sustained an industrial injury on 6-3-02. A review of the medical records indicates he is undergoing treatment for lumbar degenerative disc disease, type II diabetes, and obesity. Medical records (12-8-14 and 7-28-15) indicate the injured worker has ongoing complaints of pain in the lumbar region, rating "5-7 out of 10". The 7-28-15 progress note indicates that the pain is "helped with Ultram ER 300mg daily, Celebrex 200mg twice daily, Tizanadine 4mg at night as needed, and Gabapentin 300mg three times daily". The report states, "He is able to do activities of daily living around the house with the medication and is able to enjoy golf with the medications" (7-28-15). The report also indicates the injured worker "appears to be in poor health with poor cognition". However, it also states that he is "able to walk a mile at this point and the medication helps". The treatment plan is to refill the medications. The request for authorization includes Zanaflex 4mg, #60, and Ultram ER 300mg, #30, with 5 refills. The utilization review (8-5-15) indicates denial of Zanaflex due to recommended guidelines of short-term use of the medication and the fact that the injured worker has a treatment history of long-term use. The Ultram ER was modified to allow for tapering.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4 mg Qty 60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** MTUS generally discourages the use of muscle relaxants for chronic conditions. For this reason, an initial physician review recommended non-certification of this medication. However, with regard to Tizanidine, MTUS discusses and endorses multiple studies regarding its efficacy for low back pain and myofascial pain and recommends its use as a first line treatment in such chronic situations. Thus, the current request is consistent with MTUS guidelines; the request is medically necessary.

**Ultram ER (extended release) 300 mg Qty 30 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall, for which ongoing opioid use is supported. In this case, the request in particular for 5 refills is not consistent with MTUS recommendations for ongoing physician monitoring of opioid use. Therefore, this request is not medically necessary.