

Case Number:	CM15-0174973		
Date Assigned:	09/16/2015	Date of Injury:	04/12/2006
Decision Date:	10/26/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/04/2015

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:

The 48 year old female injured worker suffered an industrial injury on 4-12-2006. The diagnoses included right and left internal derangement, bilateral knee degenerative joint disease, recurrent lumbago and right and left knee Baker's cysts. On 8-6-2015 the treating provider reported lumbar spine pain rated 7 out of 10, right knee pain rated 4 out of 10, and left knee pain 8 out of 10. On exam there was reduced lumbar range of motion with mild tenderness. The right knee had reduced range of motion with pain and edema. The documentation from 3-5-2015 to 8-6-2015 did not include pain levels after medication, evidence of functional performance or an aberrant drug assessment. Tramadol, Naproxen and Tizanidine had been in use at least since 7-30-2014. The Utilization Review on 8-24-2015 determined modification for Tramadol 50mg # 60 to #45, non-certification for Naproxen 550mg # 60 with 2 Refills, and Tizanidine 4 mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #60: 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 for chronic pain.

Decision rationale: The request in for ongoing Tramadol for chronic pain Tramadol is a centrally-acting synthetic opioid intended for short-term use. In this case, the patient has been on Tramadol on a long-term basis. MTUS requires close monitoring of patients on long-term opioids via the "4 A's." In this case, there is no documentation submitted showing this monitoring. There is also no urine drug screening submitted to demonstrate compliance and lack of appropriate medication use. Based on the above, the request for Tramadol is deemed not medically necessary or appropriate.

Naproxen 550mg #60 with 2-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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: CA MTUS guidelines state that NSAIDs are traditional first-line therapy utilized to reduce pain so that activity and functional restoration can take place. Long-term use is not recommended due to cardiovascular and gastrointestinal side effects. In this case, the patient has been taking NSAIDs on a long-term basis. There is no documentation of specific functional improvement justifying the continuation of Naproxen. Therefore the request is not medically necessary or appropriate.

Tizanidine 4mg #30: 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): Muscle relaxants (for pain).

Decision rationale: CA MTUS Guidelines state that Tizanidine is a muscle relaxant that may be effective in reducing pain and muscle tension and increase mobility. In most low back pain cases, muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. No additional benefit is obtained in combination with NSAIDs. The efficacy of muscle relaxants diminishes over time and prolonged use may lead to dependence. Tizanidine is indicated for muscle spasticity and myofascial pain. In this case, the most recent physical exam did not reveal any muscle spasms or signs of myofascial pain. In addition, long-term use is not recommended as noted above. Therefore the request is not medically necessary or appropriate.