

Case Number:	CM15-0176784		
Date Assigned:	09/17/2015	Date of Injury:	01/05/2015
Decision Date:	10/22/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/08/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 injured worker is a 30 year old male, who sustained an industrial injury on 1-5-2015. Medical records indicate the worker is undergoing treatment for lumbar sprain-strain with possible discopathy and lumbosacral radiculopathy. Progress notes from 5-5-2015 and 6-11-2015 reported the injured worker complained of lumbosacral pain and objective findings were lumbosacral tenderness and range of motion: flexion 40 degrees, extension 15 degrees and right and left lateral bending 15 degrees. A recent progress report dated 7-23-2015, reported the injured worker complained of lumbosacral pain (pain was not quantified). Physical examination revealed no lumbosacral changes. Lumbar x rays from the progress report of 5-5-2015 showed well maintained disc height. Magnetic resonance imaging report noted on the progress report of 4-9-2015 showed lumbosacral disc protrusion. Treatment to date has included acupuncture, physical therapy and medication management. On 7-30-2015, the Request for Authorization requested Zanaflex 4mg #60 and Tramadol 50 mg #60. On 8-13-2015, the Utilization Review non-certified the request for Zanaflex 4mg #60 and Tramadol 50 mg #60.

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: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Zanaflex 4 mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are lumbar spine sprain strain; and clinical lumbosacral radiculopathy. Date of injury is January 5, 2015. Request for authorization is July 30, 2015. The documentation shows the injured worker was under the care of occupational medicine providers and was prescribed Orphenadrine ER and ibuprofen. According to a May 5, 2015 progress note, the worker's subjective complaints include low back pain. Modalities of treatment included physical therapy, acupuncture and medications. The progress note did not contain a list of medications. A separate attachment indicated the injured worker was prescribed Zanaflex. Objectively, the injured worker had tenderness to palpation lumbar spine decreased range of motion and spasm. There was no July 23, 2015 progress note in the medical record. As a result, there was no contemporaneous clinical documentation on or about the date of request authorization (July 30, 2015). Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. There was no documentation of acute low back pain or an acute exacerbation of low back pain. Muscle relaxants were started according to the documentation as far back as February 18, 2015. Orphenadrine was this continued and changed to Zanaflex May 5, 2015. The treating provider exceeded the recommended guidelines by continuing treatment through the present. Based on the clinical information and medical records, peer-reviewed evidence-based guidelines, no documentation of acute low back pain or an acute exacerbation of chronic low back pain and treatment continued in excess of the recommended guidelines for short-term use (less than two weeks) without compelling clinical facts to support its use, Zanaflex 4 mg #60 is not medically necessary.

Tramadol 50 mg Qty 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol 50 mg #60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about

ineffectiveness. In this case, the injured worker's working diagnoses are lumbar spine sprain strain; and clinical lumbosacral radiculopathy. Date of injury is January 5, 2015. Request for authorization is July 30, 2015. The documentation shows the injured worker was under the care of occupational medicine providers and was prescribed Orphenadrine ER and ibuprofen. According to a May 5, 2015 progress note, the worker's subjective complaints include low back pain. Modalities of treatment included physical therapy, acupuncture and medications. The progress note did not contain a list of medications. A separate attachment indicated the injured worker was prescribed Zanaflex. Objectively, the injured worker had tenderness to palpation lumbar spine decreased range of motion and spasm. There was no July 23, 2015 progress note in the medical record. As a result, there was no contemporaneous clinical documentation on or about the date of request authorization (July 30, 2015). Tramadol was started on June 11, 2015. There are no detailed pain assessments or risk assessments in the medical record. There is no contemporaneous clinical documentation on or about the date of request for authorization (July 30, 2015). As a result, the documentation does not demonstrate objective functional improvement. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no contemporaneous clinical documentation on or about the date of request for authorization to support ongoing Tramadol and no documentation demonstrating objective functional improvement, Tramadol 50 mg #60 is not medically necessary.