

Case Number:	CM15-0023959		
Date Assigned:	02/13/2015	Date of Injury:	05/24/2006
Decision Date:	04/01/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/09/2015

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 62-year-old [REDACTED] beneficiary who has filed a claim for chronic neck, low back, and myofascial pain complaints reportedly associated with cumulative trauma at work, first claimed on May 24, 2008. In a utilization review report dated January 21, 2015, the claims administrator failed to approve a request for Zanaflex and tramadol. The applicant's attorney subsequently appealed. In a December 2, 2014 progress note, the applicant reported persistent complaints of neck pain, shoulder pain, and headaches reportedly attributed to cumulative trauma at work. The applicant was working for the State of California in an alternate role, doing work in the information technology (IT) department. The applicant was alternating sitting and standing. The applicant was using tramadol, Relpax, Voltaren, and Zanaflex. Multiple medications were renewed. The attending provider contented that the ongoing medication consumption was facilitating the applicant's ability to perform home exercises and maintain full-time work status. On January 5, 2015, the attending provider again noted that the applicant was working, with the exception of temporary flares of pain associated with migraine headaches which resulted in her calling out sick intermittently.

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 Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS:Tizanidine (Zanaflex, generic available) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 66 of 127.

Decision rationale: 1. Yes, the request for Zanaflex was medically necessary, medically appropriate, and indicated here. As noted on page 66 of the MTUS Chronic Pain Medical Treatment Guidelines, tizanidine or Zanaflex is recommended as a first-line option in the treatment of myofascial pain syndrome. Here, the attending provider has contended that the applicant has multifocal neck, shoulder, and paraspinal pain complaints which are suggestive of a myofascial pain syndrome process. The attending provider has contended that ongoing use of Zanaflex has facilitated the applicant's return to and/or maintenance of full-time work status in an alternate capacity as an information technology (IT) officer. The applicant's ability to perform home exercises has reportedly been ameliorated as a result of ongoing medication consumption. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

Tramadol 50 MG Qty 200: Overturned

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): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 80 of 127.

Decision rationale: 2. Similarly, the request for tramadol, a synthetic opioid, was likewise medically necessary, medically appropriate, and 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, the applicant has returned to and/or maintained full-time work status, the attending provider has posited, reportedly achieved as a result of ongoing tramadol usage. The applicant's ability to perform home exercises has likewise been ameliorated as a result of ongoing tramadol usage, the attending provider has contended. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.