

Case Number:	CM15-0070144		
Date Assigned:	04/20/2015	Date of Injury:	03/08/2014
Decision Date:	05/19/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/14/2015

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 who has filed a claim for chronic knee, neck, and shoulder pain reportedly associated with an industrial injury of March 8, 2014. In a Utilization Review report dated April 17, 2015, the claims administrator failed to approve a request for tizanidine, tramadol, and Lidoderm patches. The claims administrator referenced an office visit of March 25, 2015, and a RFA form received on March 31, 2015 in its determination. The applicant's attorney subsequently appealed. On December 10, 2014, drug testing, Naprosyn, Flexeril, knee surgery evaluation, and a general surgery evaluation were endorsed. In a prescription form dated March 26, 2015, Naprosyn, tizanidine, tramadol, and Lidoderm patches were endorsed. In an associated progress note of the same date, March 26, 2015, the applicant reported ongoing complaints of knee, chest wall, and shoulder and neck pain. The applicant was working fulltime; it was stated in one section of the note. The applicant was asked to employ Naprosyn and tramadol for pain relief. In an earlier progress note dated December 3, 2014, the applicant was returned to regular work. The attending provider then suggested that the applicant's medications were beneficial. The note was very difficult to follow, highly templated, and comprised, in large parts, of cited guidelines as opposed to applicant-specific information. In an applicant's questionnaire dated December 4, 2014, the applicant stated that she was working full-time as a cook as of that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

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

Decision rationale: No, the request for tizanidine was not medically necessary, medically appropriate, or indicated here. While page 66 of MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that tizanidine or Zanaflex is FDA approved in management of spasticity, but can be employed off label for myofascial pain and/or low back pain, in this case, however, there is no explicit mention of the applicant's having myofascial pain complaints on around the date in question. The applicant was not formally given a diagnosis of myofascial pain syndrome. The applicant's pain generators, furthermore, included the neck, chest wall, knee, and shoulder. There was no mention of low back pain present here. Thus, the applicant does not seemingly meet criteria set forth on page 66 of the MTUS Chronic Pain Medical Treatment Guidelines for usage of tizanidine. Similarly, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider should incorporate some discussion of applicant-specific variable such as other medications into his choice of recommendations. Here, however, the attending provider did not state why he was furnishing the applicant with two separate muscle relaxant medications, tizanidine, and cyclobenzaprine. It was not clearly established whether tizanidine was furnished for the purposes of replacing cyclobenzaprine or whether the attending provider intended for the applicant to use two muscle relaxants together. Therefore, the request was not medically necessary.

Tramadol 50mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 119.

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

Decision rationale: Conversely, the request for tramadol, a synthetic opioid, was 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 includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant has apparently returned to and maintained full-time work status as a cook, both the applicant and treating provider have reported on several occasions, referenced above. The applicant was deriving appropriate analgesia from ongoing

tramadol usage, it was further noted. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

Lidoderm 5% patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

Decision rationale: Finally, the Lidoderm patches was not medically necessary, medically appropriate, or indicated here. While 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first line therapy with antidepressants and/or anticonvulsants, in this case, however, there was no mention of the applicant's having failed antidepressant adjuvant medications and/or anticonvulsant adjuvant medications prior to introduction, selection, and/or ongoing usage of Lidoderm patches in question. Therefore, the request was not medically necessary.