

Case Number:	CM15-0079447		
Date Assigned:	04/30/2015	Date of Injury:	12/12/2009
Decision Date:	05/29/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/24/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 52 year old female who sustained an industrial injury on 12/12/09. Initial complaints and diagnoses are not available. Treatments to date include medications and back surgery. Diagnostic studies are not addressed. Current complaints include low back and neck pain. Current diagnoses include lumbosacral facet arthropathy, chronic myofascial pain syndrome cervical and lumbar spine, and cervical disc syndrome. In a progress note dated 03/10/15 the treating provider reports the plan of care as medication including Ultram, Tizanidine, Norco, and Benadryl. The requested treatments are Ultram, Tizanidine, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 150mg ER #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Ultram 150mg ER #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long term opioids without significant evidence of functional improvement therefore the request for continued Ultram use is not medically necessary. The physician prescribing Ultram describes this patient as TTD, which generally represents a profound failure of treatment, as this implies confinement to bed for most or all of the day. Without evidence of significant functional improvement, the request for Ultram is not medically necessary.

Tizanidine 2mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex, generic available) & Muscle relaxants (for pain) Page(s): 66 & 63.

Decision rationale: Tizanidine 2mg # 60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that muscle relaxants are recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. The documentation indicates that the patient has chronic low back pain rather than acute and has been on Tizanidine long term. There is also no evidence of functional improvement on prior Tizanidine therefore the request for continued Tizanidine is not medically necessary.

Norco 7.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management for Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Norco 7.5/325mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long term opioids without significant evidence of functional improvement therefore the request for continued Ultram use is not medically necessary. The physician prescribing Norco describes this patient as TTD, which generally represents a profound failure of treatment, as this implies confinement to bed for

most or all of the day. Without evidence of significant functional improvement, the request for Norco is not medically necessary.