

Case Number:	CM15-0098820		
Date Assigned:	06/01/2015	Date of Injury:	03/28/2011
Decision Date:	06/30/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/21/2015

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

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 injured worker is a 47 year old female who sustained a work related injury March 28, 2011. Past history included s/p right shoulder arthroscopy, subacromial decompression, and distal clavicle resection July 2012, s/p left carpal tunnel release June 2014, s/p right carpal tunnel release October 2014. According to a primary treating physician's progress report, dated April 20, 2015, the injured worker presented with complaints of neck, right shoulder, bilateral wrist and low back pain. She also reports locking of her right thumb over the last 2-3 months. She rates her pain 5-6/10 with medication, which provides an increased ability to sit, stand, walk, grip, and lift. Diagnoses are documented as bilateral carpal tunnel syndrome; impingement syndrome, right shoulder; sprain/strain cervical spine with bulging disc; L5-S1 5mm herniated nucleus pulposus, lumbar spine with right sided radiculopathy. Treatment plan include continued physical therapy, evaluation of right trigger thumb, and prescription for medication. At issue, is the request for authorization for Tramadol, Zanaflex, and Anaprox.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 20 MG #90 with 3 Refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 80.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. The patient fits one of these criteria. Treating physician reported that the patient has experienced significant functional improvement with the continued use of Tramadol. I am reversing the previous utilization review. Tramadol 20 MG #90 with 3 Refills is medically necessary.

Zanaflex 4 MG #60 with 3 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63.

Decision rationale: Zanaflex is a drug that is used as a muscle relaxant. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. In addition, there is no additional benefit shown in combination with NSAIDs. The patient has been taking the muscle relaxant for an extended period of time. Zanaflex 4 MG #60 with 3 Refills is not medically necessary.

Anaprox 550 MG #60 with 3 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 67-73.

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. The patient is also currently prescribed Tramadol for pain. Anaprox 550 MG #60 with 3 Refills is not medically necessary.