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**Notice of Independent Medical Review Determination**

Dated: 9/25/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee:

Claim Number:

Date of UR Decision:

Date of Injury:

IMR Application Received:

MAXIMUS Case Number:

[REDACTED]

7/5/2013

11/2/2009

7/18/2013

CM13-0001901

- 1) MAXIMUS Federal Services, Inc. has determined the request for 1 prescription of tizanidine (Zanaflex) 4mg #90 **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 1 prescription of Trazodone 50mg #90 **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for 1 prescription of Ketamine 5% cream 60g #1 **is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/18/2013 disputing the Utilization Review Denial dated 7/5/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/22/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for 1 prescription of tizanidine (Zanaflex) 4mg #90 **is medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for 1 prescription of Trazodone 50mg #90 **is medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for 1 prescription of Ketamine 5% cream 60g #1 **is not medically necessary and appropriate.**

### Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 treatments and/or services at issue.

### Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 5, 2013.

Evidence based guidelines recommend muscle relaxants, such as Zanaflex (tizanidine), for short-term treatment of low back pain and management of spasticity. The guidelines specify that muscle relaxants are not recommended for long-term use as efficacy can diminish and prolonged use may lead to dependence.

### Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review
- Utilization Review from Claims Administrator
- Medical records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for 1 prescription of tizanidine (Zanaflex) 4mg #90:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Muscle Relaxants Section, which is part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a back injury after falling at work on 11/2/2009. The employee experienced low back pain that radiates to the right lateral calf, and also developed left knee pain approximately 3 months after the injury date. Treatment has included epidural steroid injections, facet injections, and medications (Morphine for pain control; Norco for breakthrough; tizanidine (Zanaflex) for muscle spasms; and Ketamine cream is for neuropathic pain). A request was submitted for 1 prescription of tizanidine (Zanaflex) 4mg #90.

The MTUS Chronic Pain Guidelines indicate pain should be treated effectively for as long as it persists. The records submitted and reviewed document that the employee has muscle spasms and has been using Zanaflex for several months, with functional improvement shown by increased ability to walk without a cane. The records also note a decrease in the employee's pain. The MTUS Chronic Pain Guidelines include a general statement on muscle relaxants that they should not be used for long-term treatment. However, the MTUS Chronic Pain Guidelines also include a specific section on Zanaflex that does not limit use of Zanaflex to short-term. The employee meets the guideline criteria for continued use of Zanaflex. The request for 1 prescription of tizanidine (Zanaflex) 4mg #90 is medically necessary and appropriate.

**2) Regarding the request for 1 prescription of Trazodone 50mg #90:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), which are part of the California Medical Treatment Utilization Schedule (MTUS), but did not cite a specific section. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer relied on the Chronic Pain Medical Treatment Guidelines (2009), page 13, which is part of the MTUS.

Rationale for the Decision:

The employee sustained a back injury after falling at work on 11/2/2009. The employee experienced low back pain that radiates to the right lateral calf, and also developed left knee pain approximately 3 months after the injury date. Treatment has included epidural steroid injections, facet injections, and medications (Morphine for pain control; Norco for breakthrough; tizanidine

(Zanaflex) for muscle spasms; and Ketamine cream is for neuropathic pain). A request was submitted for 1 prescription of Trazodone 50mg #90.

The MTUS Chronic Pain Guideline states that antidepressants are a first-line treatment for neuropathic pain, and possible for non-neuropathic pain. The records submitted and reviewed indicate the employee has non-neuropathic pain. Specifically, the records indicate the employee has chronic pain in the lower back and the knee. The guideline supports anti-depressants for treatment of non-neuropathic pain. The request for 1 prescription of Trazodone 50mg #90 is medically necessary and appropriate.

### **3) Regarding the request for 1 prescription of Ketamine 5% cream 60g #1:**

#### Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Topical Analgesics section and Ketamine section, which are part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

#### Rationale for the Decision:

The employee sustained a back injury after falling at work on 11/2/2009. The employee experienced low back pain that radiates to the right lateral calf, and also developed left knee pain approximately 3 months after the injury date. Treatment has included epidural steroid injections, facet injections, and medications (Morphine for pain control; Norco for breakthrough; tizanidine (Zanaflex) for muscle spasms; and Ketamine cream is for neuropathic pain). A request was submitted for 1 prescription of Ketamine 5% cream 60g #1.

The MTUS Chronic Pain Guidelines indicate ketamine is not recommended for treatment of chronic pain and that there are no quality studies that support the use of ketamine for chronic pain. The MTUS Chronic Pain Guidelines also indicate topical ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. There is a reported decrease in pain and improved function with the ketamine cream, but the employee is also using Morphine Sulfate, Norco, Zanaflex, Cymbalta, gabapentin and trazodone. It is not known if the benefit is from the ketamine cream or from the other medications that are being used to manage his pain. The request for 1 prescription of Ketamine 5% cream 60g #1 is not medically necessary and appropriate.

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612

/sab

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.