

Case Number:	CM13-0003172		
Date Assigned:	11/27/2013	Date of Injury:	11/02/2009
Decision Date:	01/23/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	07/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she 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 Oklahoma and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 50-year-old male who reported a work-related injury on 11/02/2009, specific mechanism of injury not stated. The clinical note dated 07/25/2013 reports the patient was seen in clinic under the care of [REDACTED]. The provider documents the patient presents for treatment of the following diagnoses, lumbar disc displacement without myelopathy and pain to the joint lower leg. The provider documents the patient continues to report numbness and tingling to the bilateral lower extremities, right greater than left. The provider reports the patient utilizes the following medications, tizanidine/Zanaflex 4 mg 1 by mouth 3 times a day as needed, trazodone 50 mg 1 by mouth at bedtime, morphine sulfate ER 15 mg 1 by mouth twice a day, gabapentin 800 mg half tab 3 times a day, Cymbalta 60 mg 1 tab by mouth daily, hydrocodone/acetaminophen 10/325 mg 1 by mouth 3 times a day, Colace 1 tab by mouth twice a day, ketamine cream, Cymbalta 30 mg capsule, Senokot, aspirin, atenolol, lovastatin. The provider documented upon physical exam of the patient's spasms and guarding was noted about the lumbar spine. The provider documented the patient was to continue utilization of his medication regimen and was recommended for surgical interventions to the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Tizanidine/Zanaflex 4mg, #90 between 6/17/13 and 8/30/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines tizanidine (Zanaflex).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

Decision rationale: The request for 1 prescription of tizanidine-Zanaflex 4 mg #90 between 06/27/2013 and 08/30/2013 is not supported. The clinical documentation submitted for review reports the patient continues to present with lumbar spine pain complaints and left knee symptomatology status post an unspecified work-related injury sustained in 11/2009. The provider documents the patient has utilized tizanidine/Zanaflex 4 mg 3 times a day as needed. However, the clear efficacy of this intervention for the patient's pain complaints was not stated in the clinical notes reviewed. Standard of care indicates medications within the drug class of antispasmodics/muscle relaxants are to be utilized for a short course of therapy. Given the lack of documentation evidencing the clear efficacy of this medication for the patient's pain complaints and duration of use of this medication, the request for 1 prescription of tizanidine-Zanaflex 4 mg #90 between 06/27/2013 and 08/30/2013 is not medically necessary or appropriate.

One prescription of Trazodone 50mg, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Insomnia Treatments

Decision rationale: California MTUS Guidelines do not address trazodone for sleep it addresses it for neuropathic pain and the physician indicated the patient was taking the medication for pain with coexisting depression. As such the application of secondary guidelines that address it for these indications is appropriate. Official Disability Guidelines indicate that trazodone is one of the most commonly prescribed agents for insomnia; however, there has been less evidence to support its use for insomnia but they may be used as an option in patients with coexisting depression. Per the physician's note, the patient had insomnia and depressive symptoms and sees a psychologist regularly. It was noted that with the trazodone the patient was able to fall asleep right away and could sleep for 6 hours straight and as such was able to decrease pain the next day. The clinical documentation submitted for review indicated the efficacy of the requested medication and the patient's improved function with the medication. As such, the request for trazodone 50 mg would be supported; however, it was noted the patient was taking 1 to 2 tablets per day and the #90 would be excessive. Given the above, the prospective request for 1 prescription of trazodone 50 mg #90 is not medically necessary.

One prescription of Ketamine 5% cream 60mg, #1 between 6/27/13 and 8/30/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The request for 1 prescription of ketamine 5% cream 60 mg, #1 between 06/27/2013 and 08/30/2013 is not supported. The clinical documentation submitted for review evidences the patient continues to present with lumbar spine pain complaints as well as left knee pain complaints status post a work-related injury sustained multiple years ago. The provider documents the patient utilizes multiple medications to assist with decreasing the patient's pain, the current request ketamine topical analgesic, per California MTUS indicates is under study and only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Topical ketamine has only been studied for use in non-controlled studies for CRPS 1 and postherpetic neuralgia and both have shown encouraging results. Given guideline indications for use of this medication, the current request is not supported. As the clinical notes do not evidence the patient presents with diagnosis of complex regional pain syndrome (CRPS 1). Given all of the above, the request for 1 prescription of ketamine 5% cream 60 mg, #1 between 06/27/2013 and 08/30/2013 is not medically necessary or appropriate.