

<b>Case Number:</b>	CM13-0037955		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	11/02/2009
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	07/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2013

### 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. The expert 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 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:

This 50 year-old patient sustained an injury on November 2, 2009 while employed by [REDACTED]. Request(s) under consideration include Tizanidine-Zanaflex, Trazodone, and Ketamine Cream. Diagnoses include lumbar disc displacement without myelopathy; necessary long-term medications; psychogenic pain; and pain in lower leg joint. Report of June 27, 2013 from the provider noted ongoing chronic lower back and left knee pain. Exam was significant for lumbar spine spasm and guarding; walking with straight cane; left knee with positive effusion and joint line tenderness. Review indicated the patient has been prescribed Zanaflex since at least September 2012. Peer review of May 8, 2013 had modified certification of Trazodone for #60 to wean. Report of July 25, 2013 from the provider noted ongoing chronic low back and left knee pain. The patient has had physical therapy, transcutaneous electrical nerve stimulation (TENS), medications, and modified activities/rest. A left knee MRI dated January 11, 2012 showed postoperative changes consistent with medial meniscectomy; EMG of bilateral lower extremities dated June 7, 2010 showed normal study without lumbar radiculopathy, plexopathy or neuropathy. A lumbar spine MRI of December 24, 2009 showed multilevel disc degeneration with mild/mod foraminal narrowing without canal stenosis. Medications list Zanaflex, Trazodone, Morphine Sulfate, Gabapentin, Cymbalta, Norco, Colace, Ketamine topical, Cymbalta, Senokot, ASA, Atenolol, and Lovastatin. Brief exam showed knee positive for effusion and joint line tenderness; lumbar spine with spasm and guarding; no other neurological exam documented. Treatment included physical therapy, medications, TENS, and attorney to address surgery denial with pending functional restoration program. The patient remained temporary total disability (TTD). The request(s) for Tizanidine-Zanaflex 4mg #90 and Ketamine 5% Cream 60g #1 were non-certified and Trazodone 50mg #90 was modified for #30 on July 3, 2013 citing guidelines criteria and lack of medical necessity.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tizanidine-Zanaflex (4mg, #90): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), Tizanidine (Zanaflex).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 128.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2009. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains not working. Therefore, the request is not medically necessary and appropriate.

**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, Trazodone (Desyrel), Insomnia Treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for Treatment of Chronic Persistent Pain, Page(s): 13-16.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines specifically do not recommend for Trazodone, a Selective Serotonin Uptake Inhibitor. Trazodone is one of the most commonly prescribed agents for insomnia. Side effects of this drug include nausea, dry mouth, constipation, drowsiness, and headache. Improvements in sleep onset may be offset by negative next-day effects such as ease of awakening. Tolerance may develop and rebound insomnia has been found after discontinuation of sedating antidepressants (e.g., amitriptyline, trazodone, mirtazapine), but may be an option in patients with coexisting depression that have not been identified here. Submitted reports have not adequately demonstrated functional improvement from treatment already rendered as the patient continues to treat for chronic symptoms. Therefore, the request is not medically necessary and appropriate.

**Ketamine 5% Cream (60gm, #1): 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): 111-113.

**Decision rationale:** Although Ketamine topical may be an option for chronic pain, there are no published controlled studies. The Chronic Pain Medical Treatment Guidelines states patients with incapacitating, otherwise intractable, chronic pain may accept side effects from a treatment if pain relief is sufficiently effective. In some patients, ketamine has proved effective and, on this basis, a trial of ketamine is probably warranted for the patient with severe chronic pain that is incapacitating and refractory to other first- and second-line pharmacological therapies. However, that has not been demonstrated for this patient with persistent severe chronic pain without any specific functional improvement from long-term use of this topical analgesic. The patient continues with unchanged opiate formulation and clinical findings without any weaning attempted or decrease in medical utilization seen for this 2009 chronic injury. Medical necessity has not been established for this previously non-certified medication. Without any change documented from treatment already rendered for this patient on multiple other oral medications without clear contraindication. Therefore, the request is not medically necessary and appropriate.