

<b>Case Number:</b>	CM14-0018355		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	11/09/2007
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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:

The injured worker is a 42-year-old female who reported an injury on 11/09/2007. The mechanism of injury was not stated. Current diagnoses include complex regional pain syndrome, type 1, in the right upper extremity and gastroesophageal reflux disease. The injured worker was evaluated on 11/15/2013. The injured worker reported increasing pain in the right upper extremity. It was noted, a previous ketamine infusion alleviated pain symptoms by 80%. Physical examination revealed guarding of the right upper extremity. Treatment recommendations at that time included continuation of Baclofen 20 mg, Restoril 15 mg, Mirapex, and ketamine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **QUARTERLY KETAMINE INFUSION: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 56

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) Guidelines do not recommend ketamine. There is insufficient evidence to support the use of ketamine for

treatment of chronic pain. Therefore, the current request is not medically appropriate. Given the clinical information submitted, which does not include an objective examination, the request is not medically necessary and appropriate.

**BACLOFEN 20MG #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 63-66

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) Guidelines state muscle relaxants are recommended as non-sedating second line options of short term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. There is no documentation of spasticity or palpable muscle spasm upon physical examination. The injured worker has utilized baclofen 20 mg since 08/2013, without evidence of objective functional improvement. There is also no frequency listed in the current request. Given the clinical information submitted, which does not include an objective examination, the request is not medically necessary and appropriate.

**MIRAPEX .025MG #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Mirapex is used alone or with other medication to treat the symptoms of Parkinson's disease and restless leg syndrome including shaking of parts of the body, stiffness, slowed movements and problems with balance. The injured worker does not maintain a diagnosis of Parkinson's disease or restless leg syndrome. The injured worker has utilized Mirapex since 08/2013, without evidence of objective functional improvement. There is also no frequency listed in the current request. Given the clinical information submitted, which does not include an objective examination, the request is not medically necessary and appropriate.

**RESTORIL 15MG #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 24

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) Guidelines state benzodiazapines are not recommended for long term use, because long term efficacy is unproven and there is a risk of dependence. The injured worker has utilized Restoril 15 mg since 08/2013. There is no evidence of objective functional improvement. Guidelines do not recommend long term use of this medication. There is also no frequency listed in the current request as such. Given the clinical information submitted, which does not include an objective examination, the request is not medically necessary and appropriate.