

<b>Case Number:</b>	CM14-0020599		
<b>Date Assigned:</b>	05/02/2014	<b>Date of Injury:</b>	09/06/2012
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

The California MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief, however, ODG identifies that back braces are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, but is under study for post-operative use. It was indicated that a back brace was intended to be used at work. However, no documentation of any of the above cited indications for the use of lumbar support. The benefit of such was not substantiated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE FLEXERIL 7.5MG ,PER 02/10/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009 9792.24.2. Page(s): 63.

**Decision rationale:** Medical necessity for the requested muscle relaxant is not established. The patient has a 2012 date of injury. Prior adverse termination was due to lack of documented efficacy. The California MTUS guidelines states that muscle relaxants are now recommended for chronic pain management, and should be used with caution as second line option for short-term

treatment of acute exacerbations in patients with low back pain. Efficacy appears to be diminished over time, and prolonged use of this medication may lead to dependence. There remains no discussion of functional improvement or documentation of an acute flareup of the patient's condition. As previously stated, with a 2012 date of injury, the patient has exceeded guideline recommendations. The request is not medically necessary.

**KETAMINE 5% CREAM PER 02/10/2014:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009: 9792.24.2. Page(s): 111-113.

**Decision rationale:** Medical necessity for the requested topical ketamine is not established. The California MTUS states that topical ketamine is under study and is not recommended. There is no discussion of intolerance to oral medications and no discussion of a trial of topical ketamine with documented efficacy. As the guideline criteria do not support the use of ketamine in a topical medication, the request is not medically necessary.

**TRAMADOL 50 MG PER 02/10/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009: 9792.24.2. Page(s): 79-81.

**Decision rationale:** Medical necessity for the requested tramadol is not established. This request previously obtained an adverse determination due to lack of documented efficacy and lack of opioid medication management compliance. There is no discussion of a pain contract or urine drug screen in order to assess for compliance. There is no discussion of functional improvement or reduction in VAS scores, attributed to Tramadol use. The California MTUS does not recommend the use of opioids when there is a lack of documentation of continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior; as well as evidence of compliance. The request is not medically necessary.