

Case Number:	CM15-0004974		
Date Assigned:	01/16/2015	Date of Injury:	01/19/2006
Decision Date:	04/02/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York
 Certification(s)/Specialty: Pediatrics, Internal Medicine

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 51 year old female, who sustained an industrial injury on 1/19/2006. The diagnoses have included syndrome cervicobrachial, chronic pain syndrome and myasthenia in other disease. Treatment to date has included pain medications, physical therapy and acupuncture. According to the physician's progress note from 11/20/2014, the injured worker was seen for follow-up of chronic neck and bilateral upper extremity pain. She stated that she was having a severe flare-up of her upper extremity pain for the past couple of weeks. She was also having a bad headache. Prior cervical magnetic resonance imaging (MRI) revealed multilevel disc protrusion and moderate canal stenosis. She stated that Gabapentin helped significantly with the neuropathic pain in her arms; she also used Norco as needed for severe pain. Objective findings revealed normal muscle tone without atrophy in the extremities. Authorization was requested for Ketamine 5% Cream 60gm, Tizanidine 4mg, Hydrocodone/APAP 10/325mg and Gabapentin 600mg. A semi-quantitative urine drug screen was administered at the 11/20/2014 visit. A previous drug screen was performed in June 2014. She continued to work full time. On 12/19/2014 Utilization Review (UR) non-certified a request for Tizanidine 4mg #30, noting that long-term use of muscle relaxants is not recommended. UR non-certified a request for Hydrocodone/APAP 10/325mg #60, noting that there was a lack of clear, measurable benefit in pain and function to support long-term prescribing. UR non-certified a request for Ketamine 5% Cream 60gm #1, noting that topical Ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. UR non-certified a request for 1 urine drug screen, noting that

continued opioid use was not consistent with guideline recommendation. The MTUS and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain);ANTISPASTICITY/ANTISPASMODIC DRUGS Page(s): 66.

Decision rationale: According to guidelines tizanidine is indicated for spasticity and that one study showed significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. In review of the records provided it was noted that on QME in July 2011 had determined that the IW had repetitive strain injury with myofascial pain in the involved areas. Additionally, the recent visits have noted spasm of the paraspinal muscles. There is enough information present to deem this request as medically necessary and appropriate at this time.

Hydrocodone/APAP 10/325mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; 7) When to Continue Opioids Page(s): 80.

Decision rationale: The IW has been on opioids for an extended time which is not recommended. However, the IW has returned to work and is using minimal, average 1 tab daily, for pain flares. MTUS guidelines indicate that opioids should be continued in individuals who have returned to work. This request is medically necessary and appropriate at this time.

Ketamine 5% cream 60gr #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 113.

Decision rationale: The use of topical ketamine is currently under study and is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. There is evidence that the IW had responded well to

other topical analgesics and there is no clear reasoning as for the discontinuation of those creams and continuation of the topical ketamine. The request is not medically necessary and appropriate at this time.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use;4) On-Going Management Page(s): 78.

Decision rationale: The use of drug screening is to address issues of abuse, addiction, or poor pain control. According to the records provided the IW has good pain control with gabapentin and occasional hydrocodone/APAP and has no signs of misuse or addiction. This service is not medically necessary and appropriate at this time.