

<b>Case Number:</b>	CM15-0166256		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	11/08/2004
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: California

Certification(s)/Specialty: Emergency 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 56 year old male, who sustained an industrial injury on 11-8-04. Initial complaints were of cumulative type trauma. The injured worker was diagnosed as having carpal tunnel syndrome, cervical disc displacement without myelopathy; transient lower arthropathy; lower leg joint pain. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 8-4-15 indicated the injured worker came to the office for a follow-up visit. The injured worker reports detailed constant or near constant muscle spasms in the parascapular and shoulder region from his neck since his injury. He reports Zanaflex long with Gabapentin does stop the muscle spasms and has been using this medication for several years. He also notes that without these medications he would be unable to sleep due to the spasms. He reports morphine decreases his pain dramatically and without this medications his pain levels is 8-9 out of 10 and would be unable to do simple activities of daily living and unable to sleep due to the pain. A MRI and CT of the cervical spine were reported on 5-19-14 and the provider documents the impressions as "Postsurgical findings of anterior fusion with hardware in place at C4-C5, C5-C6 and C6-C7 with solid fusion. The central canal is patent. Multilevel mild to moderate neural foraminal narrowing." On physical examination the provider documents normal muscle tone without atrophy in the bilateral upper extremities. There is tenderness to palpation of the cervical paraspinal musculature. He has tension extending into the parascapular region with range of motion decreased by about 50% of flexion and extension as well as bilateral lateral tilt and rotation to the right and left. He has a positive Tinel's on the right, which is quite dramatic, and this reproduces electrical pain although it is up his arm and into his neck. His current

medications are listed as: Colace, Lidoderm; Mirtazapine; Mobic; Ketamine; Gabapentin; Morphine; Tizanidine; Albuterol and Pseudoephedrine. The provider's treatment plan notes the injured worker's severe pain in his neck, low back and carpal tunnel region with numbness and tingling in his arms and his legs and around his wrist and hands. He has been authorized for carpal tunnel injections. The provider notes the injured worker requires the use of his listed medications and is inclined to make no changes due to the functional improvement. He also notes there has been no aberrant drug behavior and will see him back in the office in 4 weeks. The provider is requesting authorization of 2 Ketamine 5% cream 60 grams; 120 tablets of Tizanidine 4mg with 3 refills and 90 tablets of Morphine Sulfate ER 60mg.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **2 Ketamine 5% cream 60 grams: 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): 111-113.

**Decision rationale:** The requested 2 Ketamine 5% cream 60 grams, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first line therapy of antidepressants and anticonvulsants". The injured worker has severe pain in his neck, low back and carpal tunnel region with numbness and tingling in his arms and his legs and around his wrist and hands. He has been authorized for carpal tunnel injections. The provider notes the injured worker requires the use of his listed medications and is inclined to make no changes due to the functional improvement. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, 2 Ketamine 5% cream 60 grams is not medically necessary.

#### **120 tablets of Tizanidine 4mg with 3 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The requested 120 tablets of Tizanidine 4mg with 3 refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of

muscle relaxants beyond the acute phase of treatment. The injured worker has severe pain in his neck, low back and carpal tunnel region with numbness and tingling in his arms and his legs and around his wrist and hands. He has been authorized for carpal tunnel injections. The provider notes the injured worker requires the use of his listed medications and is inclined to make no changes due to the functional improvement. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, or objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, 120 tablets of Tizanidine 4mg with 3 refills is not medically necessary.

**90 tablets of Morphine Sulfate ER 60mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

**Decision rationale:** The requested 90 tablets of Morphine Sulfate ER 60mg, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has severe pain in his neck, low back and carpal tunnel region with numbness and tingling in his arms and his legs and around his wrist and hands. He has been authorized for carpal tunnel injections. The provider notes the injured worker requires the use of his listed medications and is inclined to make no changes due to the functional improvement. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, 90 tablets of Morphine Sulfate ER 60mg are not medically necessary.