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| <b>Case Number:</b>   | CM15-0196638 |                              |            |
| <b>Date Assigned:</b> | 10/12/2015   | <b>Date of Injury:</b>       | 08/03/2013 |
| <b>Decision Date:</b> | 11/25/2015   | <b>UR Denial Date:</b>       | 10/01/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/06/2015 |

### 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: Anesthesiology

### 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 34 year old male, who sustained an industrial injury on 8-3-2013. The injured worker is undergoing treatment for: chronic pain syndrome, facet syndrome, lumbago, cervicgia, and thoracic spine pain. On 9-23-15, he reported pain to the neck and mid back. He reported increased headaches, neck pain and compensatory depression. He also reported difficulty sleeping. He indicated that muscle relaxants and opiates are "not as effective as they used to be and Butrans has been helping". He rated his pain 6 out of 10. He denied adverse side effects and no aberrant behaviors are noted. His functionality is reported as stable. Objective findings are revealed as a normal gait and ambulating without assistive device. An electronic based psychological screening test was noted to be administered and the results reviewed with the injured worker. The results of this test are not documented. The treatment and diagnostic testing to date has included: medications, TENS, spinal Q, home exercises, massage therapy, acupuncture, trigger point injections to the mid back and neck (2-20-15), cervical medial branch blocks (1-30-15). On 2-20-15, Butrans patches are noted to have been "discontinued for return to work"; however it is indicated to have been utilized since at least June 2015, possibly longer. The records indicate he has utilized Dilaudid since at least February 2015, possibly longer. Percocet is indicated to have been utilized since at least August 2013, possibly longer. Medications have included: Tizanidine HCL, Voltaren 1 percent gel, Lidoderm 5 percent patch, Pristiq ER, Prilosec, Voltaren XR, Butrans patch, Omeprazole, Percocet, Dilaudid, Brintellix. Current work status: off work. The request for authorization is for: Butrans 10mcg per hour quantity 4, Percocet 10-325mg quantity 120, Dilaudid 4mg quantity 30, cervical botox

100 units with ultrasound quantity 1, IV ketamine infusion 4 hours per day quantity 3. The UR dated 10-1-2015: modified Butrans 10mcg per hour quantity 3, Percocet 10-325mg quantity 108, Dilaudid 4mg quantity 27; non-certified cervical botox 100 units with ultrasound, and IV ketamine infusion 4 hours per day (days).

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

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

#### **Cervical Botox 100 units with Ultrasound: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Botulinum toxin (Botox Myobloc).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Botulinum toxin (Botox Myobloc). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Botulinum toxin (Botox).

**Decision rationale:** According to the CA MTUS and ODG guidelines, Botulinum toxin (Botox) is not recommended for most chronic pain disorders. It is not recommended for "tension-type headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome and trigger point injections." It is recommended for cervical dystonia, urinary incontinence following spinal cord injury, spasticity following traumatic brain injury, and for prevention of headache in patients with chronic migraines. Chronic migraine is defined as having a history of migraine and experiencing a headache on most days of the month. Cervical dystonia is a condition that is not generally related to workers' compensation injuries (also known as spasmodic torticollis), and is characterized as a movement disorder of the nuchal muscles, characterized by tremor or by tonic posturing of the head in a rotated, twisted, or abnormally flexed or extended position or some combination of these positions. In this case, there is no documentation that the patient has a diagnosis of cervical dystonia. Medical necessity for Botox has not been established. The requested injection for headaches is not medically necessary.

#### **IV Ketamine Infusion 4 hrs/day (days) QTY: 3: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment Integrated Treatment/Disability Duration Guidelines Pain (Chronic) Ketamine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** Ketamine is a medication that produces dissociative anesthesia. It has mainly been used for starting and maintaining anesthesia, sedation in ICU patients, a treatment for bronchospasm, and as a treatment for complex regional pain syndrome (CRPS). According to the CA MTUS and ODG, there is insufficient evidence to support the use of Ketamine for the treatment of chronic pain. Current studies are experimental and there are no consistent

recommendations for protocols, including for infusion solutions (in terms of mg/kg/hr), duration of infusion time, when to repeat infusions, how many infusions to recommend, or what kind of outcome would indicate the protocol should be discontinued. The safety of long-term use of the drug has also not been established, with evidence of potential of neurotoxicity. Ketamine-induced liver toxicity is a major risk, occurring up to 50% of the time, and regular measures of liver function are, therefore, required during such treatments. One very small study concluded that Ketamine showed a significant pain relief effect on peripheral neuropathic pain, but there were disturbing side effects, which limited the clinical usefulness. The ODG does not recommend the infusion of ketamine for the treatment of chronic pain. Medical necessity for the requested medication has not been established. Therefore, the request for IV Ketamine infusion is not medically necessary.

**Butrans 10 mcg/hr #4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** Butrans (Buprenorphine) is a schedule-III controlled substance. Its mechanism of action is complex, involving four different opioid receptors at central and peripheral sites. It blocks effects of subsequently administered opioid agonists. Butrans is recommended as an option for the treatment of chronic pain in selected patients (not first-line for all patients) including, patients with a hyperalgesic component to pain, patients with centrally mediated pain, and patients with neuropathic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. In this case, there is no documentation of this particular medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

**Percocet 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** According to the CA MTUS and the ODG, Percocet (Oxycodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. In this case, there is no documentation of significant pain relief or increased functional benefit from the opioids used to date. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

**Dilaudid 4mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** According to the ODG, chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. When these drugs do not satisfactorily reduce pain, opioid analgesics for moderate to severe pain, such as Dilaudid, may be added. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. In this case, there is no documentation of significant pain relief or increased functional benefit from the opioids used to date. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.