

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: **12/13/2013**

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/1/2013
Date of Injury:	2/16/2006
IMR Application Received:	8/19/2013
MAXIMUS Case Number:	CM13-0013281

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Ketamine 10% and Flexeril compounded ointment 180g is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/19/2013 disputing the Utilization Review Denial dated 8/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 9/26/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Ketamine 10% and Flexeril compounded ointment 18g is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, Pulmonary Diseases, 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The patient is a 57 year old female who reported any injury on 02/16/2006. She has since complained of continuous low back pain with intermittent bilateral leg pain that causes a burning sensation in her calf muscles and in her upper ankle. According to chart notes dated 06/29/2013, palpation of the L4-S1 levels revealed multiple trigger points that were causing the pain. The patient has stated that she receives pain relief with the use of Elavil which helps her sleep; but was advised to stop using the medication due to weight gain. She has also used Gabapentin which helped with the burning sensation in her legs. It was also noted that the patient was having dependency issue while using Percocet and there was a note that in order to be weaned from the narcotic, her chronic pain issue needed to be addressed.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Treatment Utilization Schedule (MTUS)
- Medical Records from:
 - Claims Administrator
 - Employee/Employee Representative
 - Provider

1) Regarding the request for Ketamine 10% and Flexeril compounded ointment 18g:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Opiates, steps to avoid misuse/addition, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pages 111-112 and Ketamine page 56, which are part of the MTUS.

Rationale for the Decision:

Per CA MTUS, the use of Ketamine is not recommended due to the insufficient evidence or quality studies to support its use for chronic pain. Further studies need to be conducted to establish the safety and efficacy because of Ketamine's frequent side effects. Furthermore, Ketamine has been known to be a drug of abuse. Due to the employee's current history of narcotic dependency, it would be unadvisable to request this medication. As for the Flexeril, CA MTUS also states that, "There is no evidence for use of any other muscle relaxant as a topical product". Flexeril, also known as Cyclobenzaprine, is a skeletal muscle relaxant and a central nervous system (CNS) depressant. The CA MTUS states that "The addition of cyclobenzaprine to other agents is not recommended". **The request for Ketamine 10% and Flexeril compounded ointment 18g is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/skf

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.