

Case Number:	CM13-0004699		
Date Assigned:	03/03/2014	Date of Injury:	08/14/2002
Decision Date:	12/31/2014	UR Denial Date:	07/01/2013
Priority:	Standard	Application Received:	07/30/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, 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:

This is a 67 year old a female who sustained a work related injury on 6/14/2002 when her chair rolled away while she was attempting to sit down. Accepted injuries include the hands, neck, back, shoulders, elbows and psyche. She underwent a procedure on January 9, 2013 for left carpal and cubital tunnel syndrome including a left cubital tunnel decompression, ulnar nerve transposition and proximal flexor fasciotomy further decompressing the ulnar nerve, left carpal tunnel decompression with excision of scar fibrosis, excision of the regrowth and hypertrophied transverse carpal ligament, synovectomy and injection into the carpal tunnel of Decadron 4 mg and Marcaine 0.5% plain, in both the carpal and cubital tunnel. She underwent an SI joint injection on 6/18/2013. Per the Preoperative visit report dated 6/11/2013 she reported pain in the low back, worse on the left side with radiation into the left buttock and bilateral legs. Per the visit note dated 6/03/2013, she was status post carpal tunnel release on 2/9/2013 and reported continued pain at the base of the left thumb. Diagnostic studies included magnetic resonance imaging (MRI) of the lumbar spine dated 8/1/2007 which revealed L4-5 discectomy and laminectomy with posterior fusion which appears solid, central canal widely patent, both neural foramina mildly to moderately narrowed, greater on the right; L3-4 mild disc degeneration and bulging with mild to moderate bilateral foraminal narrowing; L5-S1 facet arthropathy with grade 1 anterolisthesis and mild bilateral foraminal narrowing, no central canal stenosis present; Prominent kyphosis in the lower thoracic and upper lumbar region due to a chronic anterior wedging of T9 through T12 vertebral bodies. No acute fracture identified. Physical examination was unremarkable and she was ambulating in the room without assistance. Diagnoses included lumbosacral spondylosis, cervical spine stenosis, disorder NEC NOS lumbar disc, Carpal Tunnel Syndrome, chronic pain, post laminectomy syndrome, left shoulder internal derangement and right carpal tunnel release 1/14/2009. The plan of care included SI joint injection and medication

management. Per the Primary Treating Physician's Progress Report dated 6/05/2013 work status was disabled. On 7/01/2013, Utilization Review non-certified a prescription for topical compound and Soma based on lack of medical necessity. The Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Ketamine 5% cream 60grams DOS:2/11/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 OF 127.

Decision rationale: Regarding the request for topical Ketamine 5% cream 60 grams, Chronic Pain Medical Treatment Guidelines state that Ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Within the documentation available for review, there is no indication that the patient has tried and failed all primary and secondary treatment. Furthermore, there is no documentation of specific analgesic benefit or objective functional improvement as a result of the topical Ketamine. As such, a trial of Ketamine 5% cream 60 grams is not medically necessary.

Retrospective request for Soma 350mg #90 DOS:2/11/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 OF 127.

Decision rationale: Regarding the request for Soma 350mg #90, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Soma specifically is not recommended for more than 2 to 3 weeks. Within the documentation available for review, there is no identification of a specific analgesic benefit (in terms of percent reduction in pain or reduced NRS) or specific objective functional improvement as a result of the Carisoprodol. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Soma 350mg #90 is not medically necessary.