

Case Number:	CM13-0020172		
Date Assigned:	10/11/2013	Date of Injury:	07/31/2009
Decision Date:	01/13/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pain Management, has a subspecialty in Disability Evaluation 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 physician 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:

The patient is a 55-year-old male who sustained an industrial injury to the right low back on July 31, 2009. The treatment has included physical therapy, a FRP, home exercise, a TENS unit, medications, and LESis. The patient has a history of multiple lumbar spine surgeries. He declines further injections. The current request is from [REDACTED]. An MRI evaluation of the lumbar spine, dated August 21, 2009, reports the following impression: 1. Degenerative disc changes of the lumbar spine, most prominent at the L4-5 level where disc bulging combines with facet joint hypertrophy to cause mild to moderate right and moderate to marked left neural foramina narrowing. 2. Other lesser degenerative changes as above. 3. Multiple bilateral renal cysts, partially evaluated. 4. Degenerative changes seen in the visualized T12 vertebral body. On May 10, 2011, the patient underwent an AME evaluation with [REDACTED]. As per the report, the impression is lumbar strain, moderate, chronic; degenerative disc, lumbar spine, slight to moderate, pre-existing, aggravated by the subject specific industrial injury; broad-based disc bulge, L4-5, with multilevel foramina! stenosis, without evidence of any focal disc herniations or protrusions; right LS and S1 radiculopathies, confirmed by electrodiagnostic studies; myofascial pain syndrome; history of prior lumbar spine surgery in October 1993, secondary to a motor vehicle accident; history of multiple subsequent lumbar spine surgeries, not resulting in permanent disability. Future medical treatment recommendations include ongoing use of multiple medications, including anti-inflammatory agents, muscle relaxants, and narcotic analgesics. The patient may also wish to consider use of selective serotonin reuptake inhibitors as well. Recommendations also include lumbar epidural steroid injection or selective nerve root blocks. A progress report from [REDACTED], dated August 27, 2013, indicates that the pa

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 5% cream: Upheld

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

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

Decision rationale: According to Chronic Pain Medical Treatment Guidelines, Ketamine is not recommended for treatment of chronic pain since there is insufficient evidence supporting its use. There are no quality studies that support the use of ketamine for chronic pain, but it is under study for CRPS. Ketamine is an anesthetic in animals and humans, and also a drug of abuse in humans, but ketamine may offer a promising therapeutic option in the treatment of appropriately selected patients with intractable CRPS. Also the MTUS Guidelines state that topical Ketamine is under study and only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. There is no documentation that this patient has a refractory neuropathic pain or has exhausted all primary and secondary treatment options. The request for Ketamine cream is not medically necessary and appropriate.

Pantoprazole 20 mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI symptoms Page(s): 68-69.

Decision rationale: According to Chronic Pain Medical treatment Guidelines, patients at intermediate risk for gastrointestinal (GI) events and no cardiovascular disease, it is recommended that a non-selective NSAID be taken with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily). There is no specification of which PPI to use, Omeperazole, a first generation PPI was given as an example. Therefore, the prescription of pantoprazole 20mg #120 dispensed on 12/13/2012 is medically necessary. The request for pantoprazole is medically necessary and appropriate.