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| Case Number: | CM13-0039378 | | |
| Date Assigned: | 12/18/2013 | Date of Injury: | 11/13/2003 |
| Decision Date: | 05/20/2014 | UR Denial Date: | 09/05/2013 |
| Priority: | Standard | Application Received: | 10/04/2013 |

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 Family Medicine, and is licensed to practice in Arizona. 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:

The patient is a 72-year-old who was injured at work on November 13, 2003. Diagnoses included sciatica, lumbar spinal stenosis, disorders of the sacrum, status post spinal cord stimulator in 2009, and unspecified major depression. Subjective complaints are of continued low back and right lower extremity pain. Physical exam shows lumbar spine tenderness, decreased range of motion, muscle spasm, decreased L5-S1 sensation and normal motor strength. Medications include Capsaicin 0.075% cream, Ketamine 5% cream, Morphine Sulfate ER 30mg twice a day, Baclofen, Topamax, protonix and venlafaxine. Submitted documentation indicates patient was having poor results with a spinal cord stimulator. Records show that patient was stable on morphine which helped to decrease her pain and offered functional improvement. Topical medications were noted to also provide ongoing pain relief, and promote better sleep and daytime functioning. Previous treatment had also included multiple back surgeries, multiple diagnostics, and multiple medications, and a spinal cord stimulator. Submitted documentation does not identify any aberrant drug taking behavior.

IMR ISSUES, DECISIONS AND RATIONALES

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

MORPHINE SULFATE ER 30 MG, 38 COUNT,: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88, 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. The Chronic Pain Medical Treatment Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, increase functional ability, and no adverse side effects. Furthermore, documentation is present of Chronic Pain Medical Treatment Guidelines for opioids, including attempt at weaning, and ongoing efficacy of medication. The request for Morphine Sulfate ER 30 mg, 38 count, is medically necessary and appropriate.

ONE PRESCRIPTION OF CAPSAICIN 0.075% CREAM: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section; Capsaicin Section Page(s): 28; 111-113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines suggest that topical Capsaicin is an option for patients who have not responded or are intolerant to other treatments. The Chronic Pain Medical Treatment Guidelines also indicates that there are positive studies for capsaicin in osteoarthritis, fibromyalgia, and chronic back pain. Also capsaicin may be particularly useful in patients whose pain has not been controlled successfully with conventional therapy. For this patient, opioids, anti-epilepsy, antispasmodic medications have been used, and patient still reports significant pain. Submitted documentation reports pain relief and improvement in function with this medication. The request for one prescription of Capsaicin 0.075% cream is medically necessary and appropriate.

ONE PRESCRIPTION OF KETAMINE 5% CREAM, 60 GRAMS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section; and the Ketamine Section Page(s): 111-113; 56.

Decision rationale: The Chronic Pain Medical Treatment Guidelines suggests that topical Ketamine can be recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. For this patient, opioids, anti-epilepsy, spinal cord stimulator, and antispasmodic medications have been used, and patient still reports significant pain. Documentation indicates evidence of neuropathic pain, and reports significant pain reduction and improved sleep on this medication. The request for one prescription of Ketamine 5% cream, 60 grams, is medically necessary and appropriate.