

Case Number:	CM13-0067252		
Date Assigned:	01/03/2014	Date of Injury:	06/27/2009
Decision Date:	06/19/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/17/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 47 year old female who sustained injury on 6/27/2009. The diagnoses listed are myofascial pain syndrome, cervicalgia, cervical radiculopathy. The past medical treatment included acupuncture, massage, PT and cervical epidural steroid injections. The EMG showed right C5 and C6 radiculopathy. An MRI of the cervical spine was significant for multilevel disc bulges and neural foraminal stenosis. On 8/16/2013, [REDACTED] changed the NSAID from nebumetone to naproxen because of dermal side effects. The patient had been treated with Celebrex and ibuprofen in the past. There is a past medical history of irritable bowel syndrome. The current medications are listed as naproxen, topiramate and topical ketamine for pain. A Utilization Review decision was rendered on 11/27/2013 recommending non certification for retrospective nebumetone -Relafen 500mg #90 DOS 6/7/2013, retrospective ketamine cream 60gm DOS 6/7/2013 and pantoprazole -Protonix 20mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

PANTOPROZOLE-PROTONIX 20 MG # 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter Proton Pump Inhibitors

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PROTON PUMP INHIBITORS Page(s): 68-71.

Decision rationale: The CA MTUS addressed the use of proton pump inhibitors for the prevention of NSAIDs induced gastrointestinal complications. The incidence of these complications are increased in patients who are more than 65 years old and have a history of peptic ulcer disease or GI bleed. The guideline recommends that the use of NSAIDs should be limited to the lowest effective dose for the shortest period. The record indicate that the patient have a past history of irritable bowel disease but have tolerated various NSAIDs including Celebrex, ibuprofen, nebumetone and naproxen. The criteria for the use of pantoprazole have not been met. Therefore, the request is not medically necessary.

RETROSPECTIVE REQUEST FOR NABUMETONE-RELAFEN 500 MG # 90, DOS 6/7/2013: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs(Non-Steroidal Anti-Inflammatory Drugs)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

Decision rationale: The CA MTUS addressed the use of NSAIDs in the treatment of chronic musculoskeletal pain. It is recommended that the use of NSAIDs be limited to the lowest effective dose for the shortest period during acute injury and exacerbation of musculoskeletal pain. The patient has been on various NSAIDs in the past few years. The nebumetone was discontinued on 8/16/2013 because of side effects. The criteria for retrospective use of nebumetone, Relafen 500mg #90 date of service 6/7/2013 was met. Therefore, the request is medically necessary.

RETROSPECTIVE REQUEST FOR KETAMINE 5% CREAM 60GR, QUANTITY 1, DOS 6/7/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56, 111-113.

Decision rationale: The CA MTUS addressed the use of topical analgesic preparations for the treatment of neuropathic and osteoarthritis pain. Topical analgesic preparations can be utilized in the treatment of neuropathic pain when trials of anticonvulsants and antidepressants are ineffective or cannot be tolerated. Because of lack of long term data on efficacy of topical ketamine, the guideline recommend that topical ketamine can only be tried when all primary and secondary oral and topical agents have failed. The record did not show that the patient have failed treatment with oral agents. The criteria for retrospective treatment with ketamine cream 60gm for date of service 6/7/2013 was not met. Therefore, the request is not medically necessary.

