

Case Number:	CM14-0010289		
Date Assigned:	02/21/2014	Date of Injury:	06/02/2006
Decision Date:	06/25/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/28/2014

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 Occupational 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:

The patient is a 62-year-old male who has submitted a claim for cervical spondylosis with myelopathy associated with an industrial injury date of June 02, 2006. Medical records from 2013-2014 were reviewed showing that patient complains of neck pain graded 6/10 with medications radiating to the left upper extremity. Physical examination reveals tenderness over cervical bony prominences, and myofascial spasms in bilateral cervical paraspinous region. Cervical spine range of motion is limited to 25 degrees of flexion, 15 degrees of extension, and 15 degrees of lateral bending bilaterally. EMG shows no cervical radiculopathy. Cervical MRI shows protrusion at C4-5, C5-6, and C6-7 levels. Treatment to date has included heating pads, chiropractic care, massage therapy, splinting and oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETAMINE 5% CREAM 60GR APPLY TO AFFECTED AREA TID #1.0: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 56, 111-112.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are largely experimental and used with few randomized controlled trials to determine their efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Page 56 states that ketamine may offer a promising therapeutic option in the treatment of appropriately selected patients with intractable CRPS. In this case, patient has been on ketamine cream since 2013. An appeal letter, dated 01/17/2014, cited that patient failed first-line therapy, which included gabapentin and topiramate. This prompted prescription of ketamine cream, which resulted to pain relief and functional improvement. The guideline criteria were met. Therefore, the request for ketamine 5% cream is medically necessary.

PANTOPRAZOLE 20MG #30MS TAKE ONE (1) BID #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 68.

Decision rationale: According to page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are used in patients on NSAID therapy who are at risk for GI events. Risk factors include: age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. In this case, Pantoprazole was prescribed since 2013. An appeal letter, dated 01/17/2014, cited that patient had prior history of gastrointestinal complaints upon intake of naproxen and gabapentin. The guideline criteria were met. Therefore, the request for pantoprazole 20mg #60 is medically necessary.