

Case Number:	CM14-0013794		
Date Assigned:	02/26/2014	Date of Injury:	02/23/2012
Decision Date:	08/04/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/03/2014

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:

This is a 42 year old patient with date of injury on 2/23/2012. The mechanism of injury was pulling wood from his utility dock. In a progress report dated 11/19/2013, the patient had frequent mid back pain and low back pain. He rated mid back pain a 4/10 and low back pain a 6 to 7/10. The patient also reported radiation into his bilateral lower extremities with associated numbness and a shooting sensation. Objective findings included lumbar paraspinal muscle spasms and tenderness over the sciatic notch bilaterally. The straight leg raise test was positive bilaterally. Diagnostic Impression:Lumbar Strain. Treatment to date: medication therapy, behavioral modification. A utilization review decision on 1/26/2014 denied the request for Gabapentin #100mg stating that the cited guidelines indicate that there is insufficient evidence to recommend for or against this medication for axial low back pain. Anti-epilepsy drugs are recommended for neuropathic pain due to nerve damage. Gabapentin has been shown for treatment of diabetic painful neuropathy and postherpetic neuralgia and is to be considered a first-line treatment for neuropathic pain. There is no evidence that this patient has neuropathic pain. Based on this discussion, the request for 1 prescription for Gabapentin 100mg #120 is non certified. Ketamine was denied on the basis that the cited guidelines do not recommend this medication, and that there are no quality studies to support the use of ketamine for chronic pain. The guidelines do not recommend this medication due to insufficient evidence with regard to chronic pain treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION FOR GABAPENTIN 100%, #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:FDA (Neurontin).

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. This patient is documented to have numbness and tingling in his lower extremities, radiating from the lower back. These symptoms are consistent with neuropathic pain. The guidelines support Neurontin as a first-line agent in the setting of neuropathic pain. The request does have an error stating it is for Neurontin 100%, but the records indicate it is actually for 100 mg. Therefore, the request for Gabapentin 100% #120 was medically necessary.

PRESCRIPTION FOR KETAMINE HYDROCHLORIDE 100%, #120: Upheld

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

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

Decision rationale: The California MTUS states that Ketamine is not recommended. There is insufficient evidence to support the use of ketamine for the treatment of chronic pain. There are no quality studies that support the use of ketamine for chronic pain, but it is under study for CRPS. On a progress note dated 1/10/2014, the patient is noted to have continued chronic pain with sleeping, walking, and sitting. There is no rationale provided as to why Ketamine would be appropriate for this patient despite the lack of guidelines support. Therefore, the request for Ketamine hydrochloride 100% #120 is not medically necessary.