

Case Number:	CM14-0015760		
Date Assigned:	06/16/2014	Date of Injury:	10/09/2001
Decision Date:	08/06/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/07/2014

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:

Injured worker is a female with date of injury 10/9/2001. Per treating physician's progress report dated 12/5/2013, the injured worker has the following accepted injuries: right ankle, CRPS, left shoulder, neck and back. She reports that right foot pain is just throbbing with cramping which she is unable to rub. She uses ketamine cream for this, but had had less of it, so she doesn't use as she once did. Though in more pain, she is trying to not increase her medications. She continues with medications and pool and life style changes to address her ongoing RSD symptoms. She has stinging burning. She is better in the pool, but the pain returns after she gets out. Constipation is an issue but medications help and she has a bowel movement regularly. She has had no more ED visits. She has shoulder pain with extension and pain in her right foot. She uses a power chair as manual chair is limited by elbows, shoulders, and carpal tunnel syndrome pain. Her husband is not available 24/7 to push her. Her mobility is limited, having to walk with arm support or a cane in the home. She walks for 15 minutes once or twice daily. On examination she rates pain 7-8/10. Upper extremity reflexes are 2+ and equal on the left and right. She has positive impingement of the left shoulder. Tinel's of the bilateral radial, median and ulnar nerves are negative. Phalen's is negative and TOS is normal. She has point right medial condyle pain. Her back is shifting. Right foot has positive vasomotor with purple color and some tightness of the plantar flexors. There is no mottling today. There is a well healed scar. Her right foot is ice cold. Leg is outstretched, pale and purple compared to the left. Swelling around the ankle is not localized. Keeps leg extended in front except when stands to hobble across the exam room. Skin is shiny. There is hyperesthesia to light touch of the distal right leg and foot. She transfers and takes a few steps. She is independent in wheel chair transfers. She is able to lean over with arm support. She has a hard time with toe spread. Diagnoses include 1) exacerbation of pain with decreased function caused by decreased amount of medication which is a result of authorization process trying to get

cream quantity needed 2) right ankle injury post exploration and debridement complicated by CRPS worse with the cold weather 3) left shoulder impingement post arthroscopic debridement better with the use of power chair 4) bilateral ulnar neuritis 5) low back pain mechanical 6) right tennis elbow 2006-2009 resolved 7) right wrist issues being followed by non-industrial hand surgeon 8) benefits from pool therapy helps with mobility 9) history volvulus, resolved.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUNESTA 3MG #300: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Insomnia section.

Decision rationale: The MTUS Guidelines do not address pharmacological sleep aids. Per the Official Disability Guidelines, pharmacological agents should only be used for insomnia management after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically whereas secondary insomnia may be treated with pharmacological and/or psychological measures. Per the requesting physician, Lunesta is prescribed to help sleep, and without Lunesta the injured worker wakes up every 1.5-2 hours with nightmares. The efficacy of Lunesta with this injured worker supports continued use as the consequences of not using the medication are considerably severe. Lunesta is also FDA approved for use longer than 35 days. The request for Lunesta 3 mg #300 is determined to be medically necessary.

PROTONIX 20MG #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk section Page(s): 68-69.

Decision rationale: Proton pump inhibitors, such as Protonix are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, or is using NSAIDs. There is no explanation provided by the requesting provider why Protonix may be necessary outside of these guidelines. The request for Protonix 20 mg is determined to not be medically necessary.

KETAMINE 2.5% GEL, 240ML: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine section Page(s): 55.

Decision rationale: Per the requesting physician, ketamine cream is prescribed as helpful towards daily living, and is not something that can just be done away with. The injured worker will not have withdrawals as she would if morphine or opioids were suddenly stopped, but her pain and function would decrease. Without ketamine cream her sleep is interrupted. She uses it during the day so that she can continue with her aqua therapy class. It allows her to use ice to further relieve pain as without the cream she can't stand the pressure of ice. When she uses it she can take a few steps without a device and helps her access her bathroom. Ketamine is used in the pain commonly for topical counter irritant treatment. It is used on her foot so that photosensitivity is not an issue. Per MTUS Guidelines, the use of ketamine is not recommended 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. Ketamine may offer a promising therapeutic option in the treatment of appropriately selected patients with intractable CRPS. The requesting physician's discussion on the use of this medication, addressing side effects, and the efficacy of its use with this injured worker establishes medical necessity within these guidelines. The request for ketamine 2.5% gel, 240 mL is determined to be medically necessary.

CONTINUE POOL THERAPY - ONE YEAR: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy section Page(s): 22.

Decision rationale: The requesting physician reports that the pool use of the pool allows the injured worker to weight bear without excess, and given her diagnosis of RSD, it allows the use of pain medications to not be excessive. She reportedly feels better when in the pool, but pain returns as soon as she is out of the water. The claims administrator reports that there is no documentation that the injured worker is unable to tolerate land based exercises. The requesting physician however has described the injured worker to have poor tolerance to minimal activity due to her CRPS, both by history, by physical exam and by observation. The MTUS Guidelines recommend the use of aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. Therefore, Continue pool therapy - one year is medically necessary and appropriate.

COMPREHENSIVE METABOLIC PANEL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List & Adverse Effects section Page(s): 70.

Decision rationale: Per the MTUS Guidelines, routine monitoring of CBC and chemistry profile (including liver and renal function tests) are recommended with NSAID use. There is no evidence that the injured worker is taking NSAIDs. The requesting physician did not discuss why these tests may otherwise be medically necessary. The request for comprehensive metabolic panel is determined to not be medically necessary.

COMPLETE BLOOD COUNT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List & Adverse Effects section Page(s): 70.

Decision rationale: Per the MTUS Guidelines, routine monitoring of CBC and chemistry profile (including liver and renal function tests) are recommended with NSAID use. There is no evidence that the injured worker is taking NSAIDs. The requesting physician did not discuss why these tests may otherwise be medically necessary. The request for complete blood count is determined to not be medically necessary.