

<b>Case Number:</b>	CM14-0133452		
<b>Date Assigned:</b>	08/25/2014	<b>Date of Injury:</b>	09/10/2010
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 55 year old male injured on 09/10/10 when he fell from a ladder striking his right knee with a resultant diagnosis of right knee contusion. The injured worker was initially treated with Naproxen, a knee brace, and activity modifications. The injured worker underwent physical therapy and diagnostic evaluation which revealed a tear of the medial meniscus and grade 3 chondromalacia of the patella femoral joint, medial compartment thinning, and irregularity of the cartilaginous surface and edema at the lateral aspect of the medial femoral condyle. The injured worker underwent arthroscopic treatment of the right knee on 03/07/11 with reported worsening of pain complaints postoperatively. The injured worker continued to be evaluated and treated for chronic low back and bilateral knee pain rated at 7/10 on VAS. The documentation indicated the injured worker trialed Naproxen which was discontinued due to stomach upset, Morphine Sulfate, Butrans patches, and Tramadol ER; however, discontinued due to adverse effects. The injured worker also reported heartburn and nausea with current oral medications to include Norco resulting in use of Ketamine and Capsaicin cream. The initial request for Capsaicin cream, Ketamine cream, and Pantoprazole was initially non-certified on 08/13/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Capsaicin Cream 0.0075%, quantity 1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28.

**Decision rationale:** As noted on page 28 of the Chronic Pain Medical Treatment Guidelines, Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. There is no indication in the documentation that the injured worker cannot utilize the readily available over-the-counter version of this medication without benefit. As such, the retrospective request for Capsaicin Cream 0.0075%, quantity 1 cannot be recommended as medically necessary.

**Retrospective request for Ketamine Cream 5% 60 gr:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

**Decision rationale:** As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, CA MTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. Ketamine has not been approved for transdermal use. Therefore retrospective request for Ketamine Cream 5% 60 gr cannot be recommended as medically necessary.

**Retrospective request for Pantoprazole 20 mg # 60:** Overturned

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

**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, Proton Pump Inhibitors

**Decision rationale:** As noted in the Official Disability Guidelines - Online version, Pain Chapter, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or

perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Documentation indicates the injured worker has a history of prolonged NSAIDs and narcotics use indicating the potential for gastric irritation and need for protection. As such, retrospective request for Pantoprazole 20 mg # 60 is recommended as medically necessary.