

Case Number:	CM14-0151482		
Date Assigned:	09/19/2014	Date of Injury:	11/03/2003
Decision Date:	10/28/2014	UR Denial Date:	09/07/2014
Priority:	Standard	Application Received:	09/17/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 47-year-old male who reported an injury on 11/03/2003. The mechanism of injury involved a fall. The current diagnoses include lumbar spinal stenosis, sciatica, generalized anxiety disorder, unspecified major depression, and psychogenic pain. The injured worker was evaluated on 08/27/2014 with complaints of persistent lower back pain. Previous conservative treatment is noted to include medications, epidural steroid injections, facet injections, physical therapy and home exercise. The current medication regimen includes capsaicin cream, ketamine cream, Prozac 20 mg, and Lidoderm 5% patch. Physical examination revealed no acute distress, normal muscle and tone, normal motor strength in the bilateral lower extremities, intact sensation, and normal lumbar range of motion. Treatment recommendations at that time included continuation of the current medication regimen. A Request for Authorization form was then submitted on 08/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.075% cream #1: Upheld

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

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

Decision rationale: California MTUS Guidelines state capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.075% formulation primarily for postherpetic neuralgia, diabetic neuropathy, and postmastectomy pain. The injured worker does not meet any of the abovementioned diagnoses. There is also no frequency listed in the request. As such, the request is not medically appropriate.

Ketamine 5% cream 60gm #1: Upheld

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

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

Decision rationale: The California MTUS Guidelines state ketamine is not recommended. There is insufficient evidence to support the use of ketamine for the treatment of chronic pain. As such, the current request is not medically appropriate.

Lidoderm 5% patch #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch).

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

Decision rationale: California MTUS guidelines state lidocaine is indicated for neuropathic pain or localized peripheral pain after there has been evidence of a trial of first line therapy with a tricyclic or SNRI antidepressant or an anticonvulsant such as gabapentin or Lyrica. There is no evidence of a failure to respond to first line treatment prior to the initiation of Lidoderm. There is also no frequency listed in the request. As such, the request is not medically appropriate.