

Case Number:	CM14-0169640		
Date Assigned:	10/17/2014	Date of Injury:	09/21/1999
Decision Date:	11/24/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/14/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, neck and upper extremity pain reportedly associated with a cumulative trauma at work first claimed on September 21, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; unspecified amounts of physical therapy, earlier carpal tunnel release surgery; a trigger thumb release surgery; shoulder surgery; and epidural steroid injection therapy. In a Utilization Review Report dated September 15, 2014, the claims administrator approved a request for Opana, partially approved a request for Soma, and denied a request for a ketamine-containing topical compounded cream and earlier lumbar laminectomy surgery. The applicant's attorney subsequently appealed. In an August 18, 2014, progress note, the applicant reported ongoing complaints of neck, upper extremity and low back pain. The applicant stated that brand name Soma was ameliorating her pain complaints. The applicant reported some dyspepsia with Opana. The applicant was given prescriptions for brand name, Opana and Soma, Gabapentin and Ketamine. The applicant's other medications included Ativan, Protonix, and losartan, it was acknowledged. The applicant's work status was not clearly outlined.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg every 8 hours #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol topic. Page(s): 29.

Decision rationale: As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. In this case, the applicant is, in fact, currently using Opana, an opioid agent. Ongoing usage of Soma is not, consequently, indicated. Therefore, the request is not medically necessary.

Ketamine 5% cream to affected area 3 times daily #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Ketamine section Page(s): 113.

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, topical ketamine is recommended only in the treatment of neuropathic pain in refractory cases in which all primary and secondary treatments have been exhausted. In this case, the applicant's ongoing usage of first-line oral pharmaceuticals, including Opana, effectively obviates the need for the ketamine-containing topical compounded cream. Therefore, the request is not medically necessary.