

Case Number:	CM14-0172535		
Date Assigned:	10/23/2014	Date of Injury:	03/31/2010
Decision Date:	11/25/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/17/2014

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 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 injured worker is a 70-year-old female who reported an injury on 03/31/2010. While working for the school district, she was walking and the floor was wet. She turned around to attend to a call. She slipped and fell, injuring her lower back and neck, and struck her head on the floor. The injured worker complained of left knee and left wrist pain. The injured worker had diagnoses of lower leg joint pain and joint hand pain. The MRI of the left wrist, dated 09/10/2010, revealed mild degenerative osteoarthritis involving the radiocarpal articulation, as well as the intercarpal joints, also suggesting mild changes in the synovial hyperplasia along the dorsal aspect of the carpal bones, with no evidence of intrinsic tendinous or ligamentous injury. The MRI of the left knee, dated 11/09/2010, revealed severe patellofemoral degenerative changes, with a grade 4 change of the chondromalacia involving the retropatellar cartilage as well as the anterior aspect of the lateral femoral condyle, and superimposed lateral displacement of the patella with respect to the femoral trochlea, with no evidence of a meniscal tear, a 5.8 by 2.8 cm popliteal cyst in the posterior medial knee compartment, and a small focus of the subcortical cystic degenerative type change within the mid to lateral aspect of the tibial plateau at the level of the intercondylar notch. Prior treatment included injections for the left knee, a soft knee brace, and medication. The objective findings of the left knee, dated 08/26/2014, revealed normal muscle tone without atrophy to the bilateral lower extremities, with tenderness to palpation of the lateral left knee, positive crepitus, no edema appreciated, and no evidence of instability on examination and an antalgic gait. The examination also included normal muscle tone without atrophy to the bilateral upper extremities. Medications included Lunesta 3 mg, Lidoderm 5% patch, ketamine 5% cream, Prilosec, Senokot/S tablets, Lidocaine 5% ointment, Vicodin 5/300 mg, Ibuprofen, and Fioricet Butalbital/APAP/caffeine. The Request for Authorization, dated 10/23/2014, was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg #30: Upheld

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

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 Treatments

Decision rationale: The request for Lunesta 3mg #30 is not medically necessary. The Official Disability Guidelines indicates the use of Lunesta is for the short term treatment of insomnia, generally 2 to 6 weeks. The documentation indicated that Lunesta was within the medication of current medications on 08/26/2014 and again on 08/06/2014, indicating that the injured worker continued to take Lunesta. Per the guidelines, the use of this medication should not exceed 2 to 4 weeks. The request did not address the frequency. As such, the request is not medically necessary.

Lidoderm 5% patch #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: The request for Lidoderm 5% patch #60 is not medically necessary. The California MTUS Guidelines indicate that Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first line treatment and is only FDA approved for post herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post herpetic neuralgia. Formulations that do not involve a dermal patch system are generally indicated as local anesthetics and antipruritics. For more information and references, see Topical analgesics. The documentation was not evident of the injured worker having a trial of antidepressants or anticonvulsants having been failed. Lidoderm is indicated for peripheral pain and not as a first line of therapy. The request did not address the frequency. As such, the request is not medically necessary.

Ketamine 5% cream 60 gr #2: Upheld

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

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

Decision rationale: The request for ketamine 5% cream 60 gr #2 is not medically necessary. The California MTUS do not recommend ketamine. 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. Ketamine is an anesthetic in animals and humans, it is also noted to be a drug of abuse in humans, but ketamine may offer a promising therapeutic option in the treatment of selected patients with intractable CRPS. More studies are needed to further establish the safety and efficacy of this medication. The request did not indicate a frequency. Due to the lack of safety and efficacy of the medication, the request for ketamine 5% cream 60 gr #2 is not medically necessary.