

<b>Case Number:</b>	CM14-0173745		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	01/12/2008
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 42 year old with an injury date on 1/12/06. Patient complains of chronic cervical pain, low lumbar pain, headaches, and intermittent numbness in the arms, legs, face, and neck per 9/3/14 report. Based on the 9/3/14 progress report provided by [REDACTED] the diagnoses are: 1. Unspecified major depression, single episode 2. Pain psychogenic NEC 3. Degenerative cervical disc 4. Degenerative lumbar disc 5. s/p laser retinal detachment surgery 11/11/08 6. Neck pain 7. Syndrome post-concussion. Exam on 9/3/14 showed "antalgic gait, strength grossly full in bilateral lower extremities." No range of motion testing was found in reports. Patient's treatment history includes medications, lumbar MRI, cervical MRI, epidural steroid injection, and psychiatric QME. [REDACTED] is requesting retrospective Ketamine 5% cream 6 gr, apply to affected area 3 times a day, #1 (DOS 9/3/14), retrospective: Sumatriptan Succinate-Imitrex 25mg, 1 tablet per day not to exceed 2 tablets per week, #18 (DOS 9/3/14), and Pantoprazole-Protonix 20mg, take 1-2 daily stomach, #60 (DOS 9/3/14). The utilization review determination being challenged is dated 9/24/ [REDACTED] is the requesting provider, and he provided treatment reports from 4/11/14 to 9/19/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Ketamine 5% cream, 6-gr, apply to affected area 3 times a day, #1 (DOS 9/3/14): Upheld**

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

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

**Decision rationale:** This patient presents with neck pain, lower back pain, headaches, and numbness in arms/legs/face/neck. The provider has asked for retrospective Ketamine 5% cream 6 GR, apply to affected area 3 times a day, #1 (DOS 9/3/14) on 9/3/14. Regarding Ketamine, MTUS states it is under study. Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia and both have shown encouraging results. The exact mechanism of action remains undetermined. (Gammaitoni, 2000) (Lynch, 2005) See also Glucosamine (and Chondroitin Sulfate). In this case, the patient does not present with CRPS or post-herpetic neuralgia. There is no evidence patient has failed a trial of any other topical analgesic. The requested retrospective request for ketamine is not indicated. Therefore, the request for Ketamine 5% cream, 6-gr is not medically necessary and appropriate.

**Retrospective: Sumatriptan Succinate-Imitrex 25mg, 1 tablet per day not to exceed 2 tablets per week, #18 (DOS 9/3/14): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head chapter for Triptans (Sumatriptan aka Imitrex).

**Decision rationale:** This patient presents with neck pain, lower back pain, headaches, and numbness in arms/legs/face/neck. The provider has asked for retrospective: Sumatriptan Succinate-Imitrex 25mg, 1 tablet per day not to exceed 2 tablets per week, #18 (DOS 9/3/14) on 9/3/14. Patient has been taking Sumatriptan since 4/11/14. Regarding triptans, ODG recommends for migraine sufferers. At marketed doses, all oral triptans (e.g., Sumatriptan, brand name Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to one triptan does not predict a poor response to other agents in that class. In this case, the patient has been taking Sumatriptan for 4 months without documentation of effectiveness. Regarding medications for chronic pain, MTUS pg. 60 states provider must keep a record of pain and function. The requested Sumatriptan is not medically necessary in this case.

**Pantoprazole-Protonix 20mg, take 1-2 daily stomach, #60 (DOS 9/3/14): Upheld**

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

**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, section on Proton Pump Inhibitors

**Decision rationale:** This patient presents with neck pain, lower back pain, headaches, and numbness in arms/legs/face/neck. The provider has asked for Pantoprazole-Protonix 20mg, take 1-2 daily stomach, #60 (DOS 9/3/14) on 9/3/14. Patient has been taking Pantoprazole since 4/11/14 report. Regarding PPIs, MTUS does not recommend routine prophylactic use along with NSAID. GI risk assessment must be provided. In this case, the patient is taking opioids and it is not clear how long the patient has been taking Protonix. Current list of medications do not include an NSAID. There is documentation of heartburn but the provider does not explain why a combination medication is needed, or how it has been effective. There are no diagnoses of GERD, gastritis or PUD. Therefore, the request is not medically necessary and appropriate.