

<b>Case Number:</b>	CM14-0045362		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	06/30/1995
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 Pain Management 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:

This is a patient with a date of injury of 6/30/95. A utilization review determination dated 3/3/14 recommends non-certification of ketamine cream. OxyContin was modified from #180 to #60. 3/24/14 medical report identifies low back pain 3/10 with medication, noting that it would be 6-7/10 without OxyContin. With OxyContin, patient is able to walk further with less pain and is able to perform activities of daily living such as household chores with less rest and for longer periods of time. He is enjoying a better quality of life with use of medications and denies any side effects. Depressive symptoms are stable with use of Cymbalta. He does not wish to have any invasive procedures and would like to stay conservative with treatment. No abnormal exam findings are noted. OxyContin was recommended, 40 mg tablet, 1 every 4 hours, quantity 180.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketamine 5% cream 50gram:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 111-113 of 127 Page(s): 111-113 OF 127.

**Decision rationale:** Regarding the request for ketamine cream, California MTUS cites that topical ketamine is "Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Within the documentation available for review, there is no evidence of neuropathic pain and exhaustion of all primary and secondary treatment. In the absence of such documentation, the currently requested ketamine cream is not medically necessary.

**Oxycontin 40mg QTY: 180:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 86-87, 120 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids, dosing.

**Decision rationale:** Regarding the request for OxyContin, California Pain Medical Treatment Guidelines state that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. ODG recommends that dosing not exceed 100 mg MED (morphine equivalents dosage/day). Within the documentation available for review, the provider notes that the patient does get some pain relief and functional benefit from the use of OxyContin. However, it should be noted that OxyContin is a long-acting opioid intended to be taken every 12 hours and there is no clear indication for its use every 4 hours, as it is being prescribed here. Furthermore, the patient's current MED is 360, well exceeding the recommendations of ODG. In light of the above issues, the currently requested OxyContin is not medically necessary.