

Case Number:	CM14-0055516		
Date Assigned:	08/13/2014	Date of Injury:	12/05/2005
Decision Date:	10/07/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/24/2014

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 Emergency Medicine and is licensed to practice in New York. 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 61-year-old female who was injured on December 5, 2005. The patient continues to experience bilateral upper extremity pain. Physical examination was notable for normal muscular tone without atrophy in the bilateral upper extremities. The diagnosis listed was reflex sympathetic dystrophy, upper extremities. Treatment has included physical therapy, surgery, psychology sessions, and medications. Requests for authorization for Ketamine 5% cream 60gm, Morphine Sulfate 15mg #90, and Pantoprazole-Protonix 20mg #60 were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 5% Cream 60gm: Upheld

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

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

Decision rationale: According to the MTUS, Ketamine is not recommended. 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

Complex Regional Pain Syndrome (CRPS). Ketamine is an anesthetic in animals and humans, and also a drug of abuse in humans, but ketamine may offer a promising therapeutic option in the treatment of appropriately-selected patients with intractable CRPS. More study is needed to further establish the safety and efficacy of this drug. As such, the request cannot be recommended as medically necessary or appropriate.

Morphine Sulfate 150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The request is for Morphine Sulfate 15mg #90. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first-line therapy. Opioids should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination as to whether pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and setting and use of an opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDs, have failed. In this case the patient has been taking the medication since at least March 2014 and has not obtained analgesia. The number of pills requested indicates long-term use. There is no documentation that the patient has signed an opioid contract or is participating in urine drug testing. Criteria for long-term opioid use have not been met. The request is therefore not medically necessary or appropriate.

Pantoprazole-Protonix 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: Pantoprazole is a proton pump inhibitor (PPI). PPIs are used in the treatment of peptic ulcer disease and may be prescribed in patients who are using non-steroidal anti-inflammatory drugs (NSAIDs) and are at high risk for gastrointestinal events. Risk factors for high-risk events include age greater than 65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA (Aspirin), corticosteroids, and/or an anticoagulant, or high dose/multiple NSAIDs (e.g., NSAID + low-dose ASA). The patient in this case was not using NSAID medication and did not have any of the risk factors for a gastrointestinal event. The request is therefore not medically necessary or appropriate.