MAXIMUS Federal Services

Case Number:	CM14-0067522		
Date Assigned:	07/11/2014	Date of Injury:	05/23/2004
Decision Date:	09/08/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/12/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 case of a 66-year old female who has filed a claim for lumbar strain and lumbar radiculopathy associated with an industrial injury date of 05/23/2004. The only medical record available for review was from the neuropsychological referral notes dated 01/03/2011. The patient apparently had a back injury and was diagnosed with lumbar strain with radiculopathy. The actual mechanism of injury was not documented. The current status of the patient is also unknown. Treatment to date has included steroid injections, medications, surgery, and vocational rehabilitation. Medications taken has included Mirtazapine, Ketamine cream, Carisoprodol, Hydrocodone, Docusate sodium and Fentanyl patch. Other medications and treatment modalities were not documented.Utilization review from 04/30/2014 denied the requests for Carisoprodol (Soma) 350 mg #60 and Ketamine 5% Cream 60 Gm #1. Reasons for the denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol (Soma) 350 mg #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 Carisoprodol Page(s): 29.

Decision rationale: According to page 29 of the CA MTUS Medical Treatment Guidelines, carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. This medication is not indicated for long-term use. In this case, the only progress report submitted for review was dated 2011. The current status of the patient is not known. The medical necessity cannot be established due to insufficient information. Therefore, the request for Carisoprodol (Soma) 350 mg #60 is not medically necessary.

Ketamine 5% Cream 60 Gm #1: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: According to pages 111-113 of CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. 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. Ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatments have been exhausted. In this case, the only progress report submitted for review was dated 2011. The current status of the patient is not known. The medical necessity cannot be established due to insufficient information. Therefore, the request for Ketamine 5% Cream #1 is not medically necessary.