

Case Number:	CM14-0069451		
Date Assigned:	07/14/2014	Date of Injury:	02/24/2010
Decision Date:	08/29/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/14/2014

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 Nevada. 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 records, presented for review, indicate that this 47-year-old male was reportedly injured on 2/24/2010. The mechanism of injury was noted as a motor vehicle accident. The most recent progress note, dated 4/25/2014, indicated that there were ongoing complaints of low back pain, bilateral hip pain, and knee pain. The physical examination demonstrated no muscle atrophy. Bilateral upper and lower extremities muscle strength was 5/5. No recent diagnostic studies are available for review. Previous treatment included previous surgeries, physical therapy, radiofrequency ablation, and medications. A request had been made for topical ketamine 5% cream 60 gm, Protonix 20 mg #60, gabapentin 600 mg #60 and was not certified in the pre-authorization process on 5/6/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical ketamine 5% cream 60 gr. apply tid Qty:1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical agents- Ketamine- under study.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: MTUS guidelines state that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety, and that "any compound product, that contains at least one drug (or drug class), that is not recommended, is not recommended." As such, this request is not considered medically necessary.

Pantoprazole-protonix 20 mg;sig: two tablets qd Qty: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: Protonix (pantoprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. CAMTUS 2009 Chronic Pain Treatment Guidelines recommend proton pump inhibitors for patients taking NSAIDs with documented gastrointestinal distress symptom. After review of the medical documentation provided, there was no determination of any diagnosis associated with gastrointestinal distress. Therefore, this request is deemed not medically necessary.

Gabapentin 600 mg sig: one tablet bid Qty: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20, 49 OF 127.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines consider gabapentin to be a first-line treatment for neuropathic pain. Based on the clinical documentation provided, there is no evidence that the injured employee has any neuropathic pain nor were any radicular symptoms noted on physical examination. As such, this request for Neurontin is not medically necessary.