

Case Number:	CM14-0071365		
Date Assigned:	07/14/2014	Date of Injury:	04/21/2008
Decision Date:	08/21/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/16/2014

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 Psychiatry, 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:

Injured worker is a 40 year old male with date of injury 4/21/2008 with related lower back and left lower extremity pain. An MRI has been performed of the left hip and pelvis and was negative for fracture. An MRI of the lumbar spine demonstrated left sided neuroforaminal stenosis at the L5/S1 level contacting the left L5 nerve root. Subsequently, he has had a hip replacement. In regards to psychiatric co-morbidities, he has been diagnosed with agoraphobia with panic disorder, and depression, for which he takes mirtazapine. He has been treated with physical therapy, epidural steroid injections, hip replacement and medication management, including naproxen and gabapentin, as well as topical capsaicin and ketamine. He is refractory to trials of Lortab and Tramadol. Date of the UR decision was 4/9/14. The most recent note available for my review is dated 4/28/14. On that date, he was noted to have an appropriate mood and affect, reduced sensation to light touch in the lateral aspect of the leg and thigh, and a non-antalgic gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.075% cream, apply 3 x day - dispensed 12/10/13: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): p113.

Decision rationale: Per MTUS 2009, capsaicin is indicated for chronic low back pain in "patients who have not responded or are intolerant of other treatments." I respectfully disagree with the UR physician's assertion that "there is no documentation of failed trials of anticonvulsants or antidepressants." Per the clinical history noted above, this request is medically necessary.

Ketamine 5% cream 60 gm apply 3 x day - dispensed 12/10/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): p113.

Decision rationale: Per MTUS 2009, topical ketamine is indicated in cases of refractory neuropathic pain which has not responded to first and second line treatments, and that all such treatments have been exhausted. The medications noted above which have been used for this injured worker's neuropathic pain are all first line. There is no documentation of second line medication trials, and it does not appear second line medications have been exhausted. As such, request for Ketamine 5% cream 60 gm apply 3 x day is not medical necessary.