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| Case Number: | CM14-0075337 | | |
| Date Assigned: | 07/16/2014 | Date of Injury: | 10/09/2001 |
| Decision Date: | 09/16/2014 | UR Denial Date: | 04/25/2014 |
| Priority: | Standard | Application Received: | 05/23/2014 |

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 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:

According to the records made available for review, this is a 61-year-old female with a 10/9/01 date of injury. At the time (4/3/14) of request for authorization for Lunesta 3 mg, Ketamine 2.5% gel 240, and Prilosec 40 mg there is documentation of subjective (severe burning right foot pain with impaired mobility and altered gait; low back pain; left shoulder pain with numbness into the left hand; difficulty sleeping, constipation, and reflux symptoms) and objective (positive impingement of the left shoulder, tenderness to palpation over the right medial condyle, discoloration and temperature changes of the right foot with tightness of the plantar flexors, dystonic posturing of the right toes, decreased right Achilles reflexes, and hyperesthesia of the distal right leg and foot) findings, current diagnoses (right ankle injury status post exploration and debridement complicated by CRPS, left shoulder impingement, bilateral ulnar neuritis, low back pain, and history of volvulus status post colectomy with GI bleeding), and treatment to date (ongoing therapy with Ketamine cream and Lunesta since at least 12/5/13 with decrease in pain, increased sleep, and increased functioning in home). In addition, medical report identifies that the patient has failed extensive medications and procedures for treatment of neuropathic pain, but narcotics help the pain. Furthermore, medical report identifies a request for Prilosec for reflux symptoms. Regarding Lunesta there is no documentation of short-term use. Regarding Ketamine, 2.5% gel there is no documentation that all primary and secondary options have been exhausted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta, 3 mg, QTY: 300: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Eszopicolone (Lunesta); Insomnia treatment.

Decision rationale: MTUS does not address this issue. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG states non-benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists) are first-line medications for insomnia which includes eszopicolone (Lunesta). In addition, ODG identifies that Lunesta is not recommended for long-term use, but recommended for short-term use. Within the medical information available for review, there is documentation of diagnoses of right ankle injury status post exploration and debridement complicated by CRPS, left shoulder impingement, bilateral ulnar neuritis, low back pain, and history of volvulus status post colectomy with GI bleeding. In addition, there is documentation of insomnia due to pain. Furthermore, given documentation of ongoing treatment with Lunesta with decrease in pain, increased sleep, and increased functioning in the home, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Lunesta. However, given documentation of ongoing treatment with Lunesta since at least 12/5/13, there is no documentation of short-term use. Therefore, based on guidelines and a review of the evidence, the request for Lunesta is not medically necessary.

Ketamine, 2.5% gel 240, QTY: 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine Page(s): 56, 113.

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

Decision rationale: MTUS Chronic Pain Medical Treatment guidelines identify documentation of neuropathic pain when all primary and secondary options have been exhausted, as criteria necessary to support the medical necessity of topical Ketamine. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of right ankle injury status post exploration and debridement complicated by CRPS, left shoulder impingement, bilateral ulnar neuritis, low back pain, and history of volvulus status post colectomy with GI bleeding. In addition, there is documentation of neuropathic pain. Furthermore, given documentation of ongoing treatment with Ketamine gel with decrease in pain and increased functioning in home, there is documentation of functional benefit or improvement as an increase in activity tolerance as a

result of use of Ketamine gel. However, despite documentation that the patient has failed extensive medications and procedures for treatment of neuropathic pain, and given documentation that narcotics help the pain, there is no (clear) documentation that all primary and secondary options have been exhausted. Therefore, based on guidelines and a review of the evidence, the request for Ketamine, 2.5% gel 240 is not medically necessary.

Prilosec, 40 mg, QTY: 90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Prilosec. Within the medical information available for review, there is documentation of diagnoses of right ankle injury status post exploration and debridement complicated by CRPS, left shoulder impingement, bilateral ulnar neuritis, low back pain, and history of volvulus status post colectomy with GI bleeding. In addition, there is documentation of risk for gastrointestinal event (history of GI bleeding and reflux symptoms). Therefore, based on guidelines and a review of the evidence, the request for Prilosec 40mg is medically necessary.