

Case Number:	CM14-0079981		
Date Assigned:	07/18/2014	Date of Injury:	04/22/2009
Decision Date:	09/23/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/30/2014

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 58 year-old individual was reportedly injured on 4/22/2009. The mechanism of injury is not listed. The most recent progress note, dated 4/7/2014 indicates that there are ongoing complaints of headache, and neck pain. The physical examination demonstrated neurological: reflexes biceps and brachioradialis 2/4 bilateral. Triceps bilaterally. Patella 1+ bilaterally Achilles reflexes are absent bilaterally. Muscle strength 4/5 bilateral upper and lower extremity. Cervical spine: unremarkable exam. Shoulder: full range of motion. Elbow: full range of motion. Wrist: full range of motion. Independent and not antalgic gait. Lumbar spine: full range of motion. Bilateral knees range of motion hundred 30 and 20. The ankle exam was unremarkable. No recent diagnostic studies are available for review. Previous treatment includes cervical fusion, wrist surgery, lumbar fusion, injections, medications, and conservative treatment. A request had been made for Ketamine Cream, Verapamil 80 Mg #60, Zomig 5 mg #60, and was not certified in the pre-authorization process on 5/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine Cream #1: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113 of 127.

Decision rationale: Ketamine: Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Topical ketamine has only been studied for use in non-controlled studies for chronic regional pain syndrome (CRPS) I and post-herpetic neuralgia and both have shown encouraging results. The exact mechanism of action remains undetermined. After review the medical records provided there was no objective clinical findings on physical exam of neuropathic pain. Therefore this request is deemed not medically necessary.

Verapamil 80mg, #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: The Merck Manual. Drugs for Hypertension: Verapamil.

Decision rationale: CA MTUS and ODG guidelines are silent on this issue. Verapamil is a calcium channel blocker that is used to treat high blood pressure, severe chest pain (angina) and irregular heartbeat (arrhythmia). After review the medical records provided there is no significant documentation from the treating physician justifying the use of this medication. Therefore this request is deemed not medically necessary.

Zomig 5mg #60: 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 Other Medical Treatment Guideline or Medical Evidence: The Merck Manual Migraine Headaches: Zomig.

Decision rationale: Zomig is a Triptan, it is a medication used to treat migraine headaches. After review the medical records provided there was no objective clinical findings on physical exam to necessitate the use of this medication. Therefore this request is deemed not medically necessary.