

Case Number:	CM14-0081919		
Date Assigned:	07/25/2014	Date of Injury:	02/25/2013
Decision Date:	08/28/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/03/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 41-year-old male with date of injury of 02/25/2013. The listed diagnoses per the requesting physician dated 04/15/2014 are sprain/strain of the lumbar region and lumbar disk displacement without myelopathy. According to this report, the patient continues to have low back pain radiating laterally in a band-like distribution and into the bilateral buttocks. He does report intermittent pain in the lower extremities and tingling but notes that this is rare. He continues to report improvement in pain and function with the use of his medications. He continues to utilize Ultracet for pain, ketamine, and diclofenac gel for a topical pain relief and Protonix for gastrointestinal (GI) prophylaxis. He does note that he has been using trazodone 50 mg with benefit. He denies any adverse side effects. The objective findings show the patient is well developed well nourished, in no apparent distress. There is tenderness to palpation noted along the lumbar bony prominences. Pain is elicited with lumbar facet loading (rotation and extension) bilaterally, worse on the right. The patient's gait is normal. The utilization review denied the request on 05/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective use, Pantoprazole-Protonix 20 mg #60 : 4-15-14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-inflammatory Agents.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: This patient presents with low back pain. The treater is requesting pantoprazole-Protonix 20 mg #60. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states that it is recommended with precaution for patients at risk for gastrointestinal events; (1) ages greater than 65; (2) history of peptic ulcer, (3) gastrointestinal (GI) bleed or perforation; and (4) concurrent use of aspirin (ASA) or corticosteroid and/or anticoagulants; high-dose multiple NSAIDs. The records show that the patient has been taking pantoprazole-Protonix since 02/27/2014. None of the 162 pages of records shows any history of gastrointestinal issues, GI bleed or perforation, or medication-induced gastrointestinal events. In this case, MTUS does not recommend the routine use of prophylaxis with proton pump inhibitor (PPI) without any GI risk assessment. Recommendation is not medically necessary.

Retrospective use of Diclofenac Sodium 1.5% 60gm, 4-15-14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary.

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

Decision rationale: This patient presents with low back pain. The treater is requesting a retrospective use of diclofenac sodium 1.5% 60 g. The MTUS Guidelines page 111 on topical analgesic states that it is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Furthermore, Voltaren gel 1% (diclofenac) is indicated for relief of osteoarthritis, pain in joints that lend themselves to topical treatments such as the ankle, elbow, foot, hand, knee, and wrist. It is not recommended for the treatment of the spine, hip, or shoulder. The records show that the patient has been using diclofenac sodium 1.5% since 02/27/2014. However, the patient does not have a diagnosis of osteoarthritis. It appears that the patient is using diclofenac sodium 1.5% for the lower back, which this medication is not indicated for. Recommendation is not medically necessary.

Retrospective use of Ketamine 5% cream 60gm, 4-15-14: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary.

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

Decision rationale: This patient presents with low back pain. The treater is requesting ketamine 5% cream 60 g. The MTUS Guidelines page 111 on topical analgesics states that it is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Furthermore, under ketamine, MTUS states that it is currently under study. It is only recommended for treatment of neuropathic pain and refractory cases in which all primary and secondary treatment has been exhausted. In this case, Ketamine cream is currently under study and it does not appear that the patient has exhausted all conservative treatments to manage his pain. Recommendation is not medically necessary.