MAXIMUS Federal Services

Case Number:	CM14-0085157		
Date Assigned:	07/23/2014	Date of Injury:	12/16/2011
Decision Date:	10/14/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/06/2014

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 and Pain Medicine and is licensed to practice in Oklahoma. 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 injured worker is 31-year-old male who reported an injury on 12/16/2011 while working with fabrications; he started to experience lower back pain that went down to the thigh. The injured worker had a history of lower back pain with a diagnosis of lumbar disc displacement without myelopathy, generalized anxiety disorder and psychogenic pain. The diagnostics included an MRI. The prior treatments included physical therapy and medication. The medication included Protonix 20 mg, Tramadol 150 mg, Ketamine 5% cream, Gabapentin 600 mg and Doxycycline 100 mg. The physical examination dated 06/19/2014 on the gastrointestinal revealed no complaints of constipation, heartburn, nausea, abdominal pain, black tarry stool or throwing up blood. The examination revealed balance problems and poor coordination. Lower extremity muscle strength was a 5/5 and muscle tone was within normal limits. The treatment plan included Protonix 20 mg. The Request for Authorization dated 07/23/2014 was submitted with the documentation. No rationale for the Protonix was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole-Protonix 20mg #60 (ms) take 1 tablet every 12 hours Qty: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The decision for Pantoprazole-Protonix 20 mg #60 (ms) take 1 tablet every 12 hours Qty: 60 is not medically necessary. The California MTUS Guidelines indicate that proton pump inhibitors may be recommended for injured workers with dyspepsia secondary to nonsteroidal anti-inflammatory drug therapy or for those taking nonsteroidal anti-inflammatory medications that are at moderate risk for gastrointestinal events. The clinical note did not indicate that the injured worker had now gastrointestinal issues nor did he have a history of gastrointestinal issues. As such, the request is not medically necessary.

Ketamine 5% Cream 60gr Qty:1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine; Topical Analgesics Page(s): 55, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine Page(s): 56.

Decision rationale: The request for Ketamine 5% Cream 60gr Qty: 1 is not medically necessary. The California MTUS indicates that Ketamine is 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 CRPS I and post-herpetic neuralgia and both have shown encouraging results. The exact mechanism of action remains undetermined (Gammaitoni, 2000) (Lynch, 2005) See also Glucosamine (and Chondroitin Sulfate). The request is not address the frequency. As such, the request is not medically necessary.