

Case Number:	CM14-0090954		
Date Assigned:	07/25/2014	Date of Injury:	10/08/2007
Decision Date:	09/29/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/16/2014

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 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 62-year-old individual was reportedly injured on 10/8/2007. The mechanism of injury was noted as a trip and fall. The most recent progress note, dated 5/29/2014, indicated that there were ongoing complaints of chronic neck, left shoulder, and low back pains. The physical examination demonstrated lumbar spine positive tenderness to palpation at the lumbosacral junction and decreased range of motion. Decreased motor strength was 4/5 with left foot dorsiflexion and left leg extension compared to right. Reflexes were 2+ and equal. No recent diagnostic studies were available for review. Previous treatment included medications and conservative treatment. A request had been made for ketamine 5% #60 g, Norflex 100 mg #90 and diclofenac sodium 1.5% 60 g and was not certified in the pre-authorization process on 6/9/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Ketamine 5% 60g #120 (DOS 05/01/2014): 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 have 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. After review of guidelines and medical records submitted, the injured worker does not have any physical exam findings of neuropathic pain. Therefore, this request is deemed not medically necessary.

Retrospective request for Diclofen Sodium 1.5% 60g #120 (DOS 05/01/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112 of 127..

Decision rationale: MTUS guidelines support topical NSAIDs for the short-term treatment of osteoarthritis and tendinitis for individuals unable to tolerate oral non-steroidal anti-inflammatories. The guidelines support 4-12 weeks of topical treatment for joints that are amendable topical treatments; however, there is little evidence to support treatment of osteoarthritis of the spine, hips or shoulders. When noting the claimant's diagnosis, date of injury and clinical presentation, this request is not considered medically necessary.

Retrospective request for Orphenadrine Cit ER (Norflex) 100mg #90 (DOS 05/01/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-sedating muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines, muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65 of 127..

Decision rationale: Orphenadrine is a derivative of diphenhydramine and belongs to a family of antihistamines. It is used to treat painful muscle spasms and Parkinson's. The combination of anti-cholinergic effects and CNS penetration make it very useful for pain of all etiologies including radiculopathy, muscle pain, neuropathic pain and various types of headaches. It is also useful as an alternative to gabapentin for those who are intolerant of the gabapentin side effects. This medication has been an abuse potential due to a reported euphoric and mood elevating effect, and therefore should be used with caution as a 2nd line option for short-term use in both acute and chronic low back pain. Based on the clinical documentation provided, the clinician does not document trials of any previous anticonvulsant medications or medications for chronic pain such as gabapentin. Given the MTUS recommendations that this be utilized as a 2nd line agent, the request is deemed not medically necessary.