

Case Number:	CM14-0189447		
Date Assigned:	11/20/2014	Date of Injury:	11/09/1995
Decision Date:	01/21/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/13/2014

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 Internal Medicine, 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 injured worker (IW) is a 54-year-old with a date of injury of November 9, 1995. The mechanism of injury was not documented in the medical record. Pursuant to a progress note dated September 9, 2014, the IW complains of pain and discomfort to the lower back. He reports the pain is getting worse. The IW has had physical therapy in the past, which was quite painful. Objective physical findings revealed lumbar extension was measured to be 10 degrees. Lumbar flexion was measured to be 50 degree. Sensation is decreased in the L4 dermatomes bilaterally. Straight leg raise test is positive bilaterally. Spams and guarding is noted about the lumbar spine. Current diagnoses are post laminectomy syndrome of lumbar region; displacement of thoracic or lumbar intervertebral discs without myelopathy; major depressive affective disorder, recurrent episode, unspecified degree. Current medications include Viagra 100mg, Cymbalta 60mg, Fioricet, Ambien Cr 12.5mg, Baclofen 10mg, Ketamine 5% cream, and Morphine Sulfate ER 30mg. Documentation indicates the IW has been taking Morphine since at least June of 2014. There were no detailed pain assessments or documentation of objective functional improvement associated with the continued use of Morphine. The current request is for Ketamine 5% cream #60 grams, apply TID #2; Morphine Sulfate ER 30mg, 1 tablet po every 8 hours #90; and Baclofen 10mg, 1 tablet TID #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 5% cream, 60gr #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ; Pain Section, Topical Analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ketamine 5% cream #60 g with two refills is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Ketamine is under study. It is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. In this case, the injured worker's working diagnoses are post laminectomy lumbar syndrome; lumbar disc displacement without myelopathy; and unspecified major depression, recurrent episode. Ketamine is under study and only recommended in refractory cases in which all primary and secondary treatment has been exhausted. There is no clinical documentation other first and second line agents have been tried and failed. Consequently, ketamine topical is not recommended. Based on the pinnacle information in the medical record and the peer-reviewed evidence-based guidelines, Ketamine 5% cream #60 g with two refills is not medically necessary.

Morphine sulfate ER 30mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Morphine sulfate ER 30 mg #90 is not medically necessary. Ongoing, chronic opiate use requires ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany chronic opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are post laminectomy lumbar syndrome; lumbar disc displacement without myelopathy; and unspecified major depression, recurrent episode. The documentation indicates Morphine sulfate ER 30 mg was prescribed this far back as July 2014. The injured worker is currently taking morphine sulfate ER 30 mg. There is no documentation in the medical record indicating objective functional improvement or a reduction in dose or frequency. Consequently, absent the appropriate clinical indication for the continued ongoing use of morphine sulfate ER, Morphine sulfate ER 30 mg #90 is not medically necessary.

Baclofen 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Baclofen 10 mg #90 is not medically necessary. Muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are post laminectomy lumbar syndrome; lumbar disc displacement without myelopathy; and unspecified major depression, recurrent episode. The documentation does not contain evidence of an acute exacerbation or flare-up of the low back pain. The documentation does indicate the treating physician exceeded the recommended guidelines for baclofen use. Baclofen is recommended for short-term (less than two weeks). Baclofen was prescribed as far back as July 2014 according to the progress notes. There is no compelling clinical documentation to support the ongoing use of baclofen in excess of the recommended guidelines. Consequently, Baclofen 10 mg #90 is not medically necessary.