

Case Number:	CM14-0195967		
Date Assigned:	12/04/2014	Date of Injury:	02/14/2011
Decision Date:	01/21/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/22/2014

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:

This patient is a 40 year old male with a date of injury of 2/14/11. According to treatment report dated 10/1/14, the patient complains of left leg, left hip, and low back pain. The patient underwent left knee surgery on 5/22/11 which "instantly triggered a complex regional pain syndrome." Examination on this date revealed continued discoloration, swelling, allodynia, and hyperpathia involving the lower extremities bilaterally. Risks, benefits and alternatives to current medications were discussed. Current medications include Kadian, Neurontin, Ambien, Cymbalta and Norco. Report 9/17/14 notes that the patient has constant left leg pain that is associated with weakness, numbness and giving way. The pain radiates to the left foot. The listed diagnoses are RSD lower limb CRPS, chronic pain, mononeuritis lower limb, major depression, and anxiety disorder. Treatment plan is for UDS, refill of medications, Ketamine infusion and follow up in one month. The patient has not reached maximum medical improvement. The utilization review denied the requests on 10/22/14. Treatment report from 4/23/14 through 12/10/14 was provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine Infusion: Upheld

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

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

Decision rationale: Based upon MTUS Guidelines, page 56 regarding Ketamine states, "Not recommended. There is insufficient evidence to support the use of Ketamine for the treatment of chronic pain. There are no quality studies that support the use of Ketamine for chronic pain, but it is under study for CRPS." In this case, the patient has CRPS and Ketamine is under study for CRPS. However, MTUS states that there is no evidence to support the use of Ketamine for chronic pain. The request is not medically necessary.

Cymbalta 30mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors (SNRIs) Page(s): 16-17.

Decision rationale: This patient presents with regional sympathetic disorder of the lower extremities. For Cymbalta, the MTUS Guidelines page 16 and 17 states, "Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. It is also used for off-label neuropathic pain and radiculopathy. Duloxetine is recommended as a first line option for diabetic neuropathy." The patient has been prescribed Cymbalta since 7/9/14. In this case, the patient presents with low back pain that radiates into the lower extremities. On 7/9/14, the treating physician noted that the patient is "literally incapacitated and cannot complete ADL's or present for scheduled physician appointment..." without the use of his medications. Given the patient's radicular symptoms and the documented medication efficacy, this medication is medically necessary.

Neurontin 300mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs), Gabapentin Page(s): 18-19.

Decision rationale: This patient presents with regional sympathetic disorder of the lower extremities. The MTUS Guidelines page 18 and 19 has the following regarding gabapentin, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered the first-line treatment for neuropathic pain." The patient has been prescribed Neurontin since 7/9/14. Progress reports also notes decrease in pain and increase in activities with current medications. Given the patient's radicular symptoms and efficacy of this medication, the requested Gabapentin is medically necessary.