

Case Number:	CM15-0005132		
Date Assigned:	01/16/2015	Date of Injury:	02/22/2014
Decision Date:	03/20/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, New York, Florida
 Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 a 42-year-old male who reported injury on 02/22/2014. The mechanism of injury was the injured worker was helping a morbidly obese client who is falling out of bed and injured his low back. Medications trialed in the past included gabapentin. The injured worker underwent an epidural steroid injection on 03/20/2014. The injured worker's current medications were noted to include naproxen sodium 550 mg 1 every 12 hours with food, pantoprazole 20 mg 1 by mouth twice a day, and Norco 10/325 mg half to 1 tablet once or twice a day as needed for pain. The injured worker underwent an MRI and an electromyography study. The injured worker underwent urine drug screens. The documentation of 11/11/2014 revealed the injured worker was in the office for a followup of low back pain. The injured worker was having low back pain with radiation to the posterolateral aspect of both legs, left greater than right. The injured worker had a cold sensation in the left leg to the bottom of the feet. The pain was worse with walking and prolonged sitting. The documentation indicated hydrocodone seemed to make the injured worker more anxious and gabapentin was ineffective. The surgical history was noted to include the epidural steroid injection. The diagnosis included sciatic and lumbar disc displacement. The treatment plan included gabapentin 600 mg take 1 tablet daily x7 days then increase to 2 tabs daily, ketamine 5% cream apply to affected area 3 times a day, naproxen sodium 550 mg 1 tablet every 12 hours with food, and pantoprazole twice a day with naproxen. The physician documented the trial of ketamine was to help with neuropathic symptoms. The injured worker's medical history included diabetes mellitus and hypercholesterolemia. There was no Request for Authorization submitted for review. The subsequent documentation dated

01/06/2015 by way of appeal letter, indicated the request for ketamine was denied as it is recommended as a last resort after a failure of first and second line therapies. The documentation indicated the injured worker was to start a trial of first line medication gabapentin and as such, ketamine was not medically necessary. Regarding the Protonix, Protonix is a second line PPI which is recommended after a failure of a first line PPI with omeprazole or lansoprazole. Such trial is not documented, thus it is not medically necessary. In rebuttal, the physician indicated the injured worker was utilizing ketamine for his lower leg extremity neuropathy. The injured worker complained of low back pain with radiation to the bilateral legs, left greater than right. The injured worker had numbness and cold sensation in the left leg to the foot. The pain was worse with prolonged walking and standing. The documentation further indicated the injured worker's subjective and objective and diagnostic findings indicated the presence of neuropathic pain for which the use of ketamine cream is appropriate and consistent with the guidelines. Additionally, the injured worker had utilized gabapentin and experienced dry mouth and made him feel more anxious. The injured worker found the cream to beneficial and it was helpful in the neuropathic symptoms. The injured worker was tolerating it without side effects. This medication gave the injured worker pain relief and improvement in function. In the denial of Protonix, the injured worker had abdominal pain secondary to the use of medications including naproxen and had a history of GI complications such as frequent heartburn and excessive gas given the use of oral medications. As such, Protonix was prescribed to help with GI upset secondary to oral medications and it is a proton pump inhibitor. The injured worker indicated the Protonix was helpful and he denied side effects from the medication.

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% Cream 60 gr # 1, prescribed on 11/11/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics;NSAIDs, GI symptoms and cardiovascular risk Pag.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine Page(s): 113.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that topical ketamine is under study and it is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. The clinical documentation submitted for review indicated the injured worker was to be trialed an additional time on gabapentin. This would not support that all primary and secondary treatment had been exhausted. There is a lack of documentation indicating all secondary treatment had been exhausted. The request as submitted failed to indicate the frequency and body part to be treated. Given the above, the retrospective request for Ketamine 5% Cream 60 gr # 1, prescribed on 11/11/14 is not medically necessary.

Retrospective request for Pantoprazole 20 mg # 60, prescribed on 11/11/14: Upheld

Claims Administrator 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) Proton Pump Inhibitors

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that proton pump inhibitors are recommended for injured workers at intermediate or high risk for gastrointestinal events. The clinical documentation submitted for review indicated the injured worker had abdominal pain and prior difficulty with NSAIDs. The documentation indicated the medication was beneficial for the injured worker. This medication would be supported. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above and the lack of documentation, the retrospective for pantoprazole 20 mg #60 prescribed on 11/11/2014 is not medically necessary.