

Case Number:	CM15-0005326		
Date Assigned:	01/16/2015	Date of Injury:	09/21/1999
Decision Date:	03/19/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/12/2015

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 68-year-old female who reported an injury on 09/21/1999. The mechanism of injury was repetitive stress. Diagnostic studies included an MRI of the right shoulder and lumbar spine and an EMG of the bilateral upper extremities. The injured worker was noted to undergo urine drug screens. The surgical history included bilateral carpal tunnel releases, right lateral epicondylectomy, right trigger thumb release, right de Quervain's release, bilateral shoulder arthroscopies, and a right carpal tunnel re-exploration with lysis of adhesion. The injured worker underwent a lumbar epidural steroid injection. The prior therapies included an ergonomic evaluation, physical therapy, a hospital bed, Lidoderm patches, vibration gloves, cervical pillow, methadone, cold therapy, Norco, Soma 350 mg, cortisone injections, a TENS unit, a left trigger finger injection, fentanyl patches, Avinza, OxyContin 10 mg and 40 mg, and Kadian, as well as an arm sling, a steroid injection into the cystic structure at the posterior cervical region, Ativan, a wrist splint, a wrist injection, injections into the right palm x2, a wheeled walker, lidocaine cream, trigger point injections to the neck and low back, Robaxin, ketamine cream, aquatic therapy, Sentra PM, Protonix 20 mg, ice and heat, Lunesta, Opana ER 30 mg, and gabapentin 300 mg. The injured worker was noted to be utilizing gabapentin 300 mg 4 tablets 3 times a day, ketamine 5% cream, Opana ER every 8 hours, and Soma 350 mg as of at least 09/2014. The documentation of 10/15/2014 revealed the injured worker had persistent pain; however, it indicated that with the use of medications, the injured worker's pain was reduced by about 50%. The injured worker indicated she was able to walk further with less pain and able to perform some exercises better with less pain. The injured worker was utilizing a

treadmill for exercise. The injured worker indicated she was tolerating her medications without side effects. The injured worker was noted to undergo a urine drug screen. The injured worker's gait was antalgic and the injured worker was ambulating with the assistance of a walker. The injured worker had decreased range of motion of the cervical spine. The diagnoses included sacroiliitis; spondylosis, lumbosacral; and syndrome, postlaminectomy lumbar. The request was made for ketamine 5% cream 60 gm apply to the affected area 3 times per day and Soma 350 mg 1 tablet every 8 hours. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg increased to every 8 hours (Rx10/15/14) Quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had objective functional improvement. However, there was a lack of documentation indicating a necessity for exceeding the guidelines' recommendations of usage past 3 weeks. The documentation indicated the injured worker had utilized the medication for at least 1 month. Given the above, the request for Soma 350 mg increased to every 8 hours (Rx10/15/14) Quantity 90 is not medically necessary.

Ketamine 5% cream to affected area 3 times daily 60 grams (Rx 10/15/14) Quantity 1: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend Ketamine for neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. There was a lack of documentation that all primary and secondary treatments had been exhausted. There was a lack of documentation of exceptional factors to warrant nonadherence to guidelines' recommendations. Given the above, the request for Ketamine 5% cream to affected area 3 times daily 60 grams (Rx 10/15/14) Quantity 1 is not medically necessary.

