

Case Number:	CM15-0007681		
Date Assigned:	01/26/2015	Date of Injury:	10/05/2008
Decision Date:	03/13/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/13/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 62 year old male with a date of injury as 10/05/2008. The current diagnoses include chronic pain and congenital pes planus. Previous treatments include oral and topical medications, functional restoration program, physical therapy, aqua therapy, acupuncture, epidural steroid injections to the lumbar spine, and cortisone injection to the right ankle. Report dated 01/06/2015 noted that the injured worker presented with complaints that included pain along the right ankle which radiates into the right top of the foot, pain along the sole of the right foot and right heel, and similar symptoms in the left lower extremity. Physical examination revealed bilateral pes planus, tenderness in the right plantar fascia, right and left ankle, right top and bottom of foot, right lower leg, right knee, pain with extension, tenderness in the lumbar paraspinal muscle bilaterally and decreased range of motion, and an antalgic gait. The physician noted that the injured worker is using Ketamin for neuropathic pain, noting that the injured worker has slight allodynia and sensitivity to light pressure along the right lateral ankle and evidence of lumbar radiculopathy. Documentation supports that the injured worker has drowsiness with use of gabapentin. It was further documented that the injured worker only uses the nabumetone intermittently for anti-inflammatory pain relief. The utilization review performed on 12/17/2014 non-certified a prescription for Ketamine cream and nabumetone Relafen based on medical necessity. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 5% 60g CR (date of service: 12/17/14): 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): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and 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 and only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. In this case, the claimant does not have neuropathy or CRPS. The claimant had also been on other topical analgesics and long-term use of topical products is not recommended. The topical Ketamine as above is not medically necessary.

Nabumetone Relafen 500mg quantity 90 (date of service: 12/17/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Nabumetone for several months. It was used along with an opioid (Fentanyl). There was noted pain relief but pain scores and pain benefit from Relafen cannot be determined. In addition, there was no indication for combining multiple classes of medications. There was no indication of Tylenol failure. Long-term Nabumetone use has renal and GI risks. Continued use of Nabumetone is not medically necessary.