MAXIMUS Federal Services

Case Number:	CM15-0135485		
Date Assigned:	07/29/2015	Date of Injury:	02/20/2009
Decision Date:	09/25/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/13/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49-year-old male, who sustained an industrial injury on February 20, 2009. He reported low back pain. Several documents included in the submitted medical records are difficult to decipher. The injured worker was diagnosed as having failed back surgery with post-laminectomy syndrome, lumbar arachnoiditis, hardware pain, and neuroma at the incisional sites on the left side of the abdomen. Diagnostic studies to date have included: On March 11, 2013, a CT of the lumbar spine revealed minimal anterior spurring and mild arthritis of the costovertebral joints at thoracic 12-lumbar 1. There there was minimal spurring at lumbar 1-lumbar 2, mild spurring at lumbar 2-lumbar 3, and mild arthritis of the facets and minimal disc bulging at lumbar 3-lumbar 4. At lumbar 4-lumbar 4, there was evidence of partial laminectomies with posterior fusion, both facets appear fused, and the posterior instrumentation with bipedicle screws were in satisfactory position. At lumbar 5-sacral 1, there was an anterior lumbar body fusion with cage placement, bone bridging without evidence of pseudoarthrosis, anterior plating, posterior instrumentation, and there may be fibrous fusion in the facets. There are vacuum changes in the sacroiliac joints. There was no significant change from the prior CT myelogram report. Surgeries to date have included: anterior lumbar interbody fusion at lumbar 4-lumbar 5 and lumbar 5-sacral 1 in 2010 and re-exploration of previous posterior surgical site, laminotomy, bilateral lumbar 5 and sacral 1 laminotomy and foraminotomy, neurolysis of the exiting bilateral lumbar 5 and sacral 1 nerve root, re-exploration of previous fusion site, and medial facetectomy at bilateral lumbar 5 and sacral 1 for decompression of nerve roots in 2012. Treatment to date has included physical therapy, work modifications, a back brace, epidural

steroid injections, psychotherapy, sacroiliac joint steroid injections, medial branch block at bilateral lumbar 3-lumbar 4, and medications including oral and topical analgesics, antipsychotic, antianxiety, anti-epilepsy, muscle relaxant, non-steroidal anti-inflammatory and sleep. Other noted dates of injury documented in the medical record include: November 30, 2009, December 20, 2011, and May 1, 2012. Comorbid diagnoses included history of depression. On March 31, 2015, the injured worker reported the increased dose of Butrans made him significant somnolent and he would rather take Norco. His pain level was 9/10. The physical exam revealed pain to percussion over the lower lumbar spine and negative straight leg raising. Requested treatments include: Ketamine Hydrochloride 100% and bilateral diagnostic medial branch block at lumbar 4, lumbar 5, and sacral 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine Hydrochloride 100% #240: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Based on the 3/31/15 progress report provided by the treating physician, this patient presents with back pain and is s/p lumbar fusion from August 2010. The treater has asked for Ketamine Hydrochloride 100% #240 but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient has failed back surgery with post-laminectomy syndrome per 3/31/15 report. The patient is currently taking Seroquel and Norco per 3/31/15 report. The patient has not had prior usage of Ketamine and no history of medial branch blocks per review of reports. The patient also has depression per 11/11/14 report. The patient's work status is not included in reports. MTUS, Topical Analgesics section, pg. 111: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Note: Topical analgesics work locally underneath the skin where they are applied. These do not include transdermal analgesics that are systemic agents entering the body through a transdermal means. See Duragesic (fentanyl

transdermal system). MTUS, Topical Analgesics, pg. 113: Ketamine: Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia and both have shown encouraging results. The exact mechanism of action remains undetermined. (Gammaitoni, 2000) (Lynch, 2005) See also Glucosamine (and Chondroitin Sulfate). The treater does not discuss this request in the reports provided. The patient has not used topical Ketamine per review of reports. The psychiatric AME dated 3/30/15, however, does show major depression, moderate on Axis I of diagnostic impression and recommends a trial of an antidepressant. MTUS, however, does not support the use of topical Ketamine due to lack of reliable and controlled studies. Hence, the request IS NOT medically necessary.

Bilateral diagnostic medial branch block at L4, L5 and S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back: Lumbar & Thoracic chapter (online version), Facet joint injections- multiple series and Facet joint diagnostic blocks (injections).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, under Facet Joint Medial Branch blocks – Therapeutic Low Back Chapter, under Facet Joint Diagnostic.

Decision rationale: Based on the 3/31/15 progress report provided by the treating physician, this patient presents with back pain and is s/p lumbar fusion from August 2010. The treater has asked for Bilateral diagnostic medial branch block at L4, L5 and S1 but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient has failed back surgery with post-laminectomy syndrome per 3/31/15 report. The patient is currently taking Seroquel and Norco per 3/31/15 report. The patient has not had prior usage of Ketamine and no history of medial branch blocks per review of reports. The patient also has depression per 11/11/14 report. The patient's work status is not included in reports. ODG Low Back Chapter, under Facet Joint Medial Branch blocks - Therapeutic: Not recommended except as a diagnostic tool. Minimal evidence for treatment. ODG Low Back Chapter, under Facet Joint Diagnostic Blocks: Recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment - a procedure that is still considered "under study". Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block. Although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy. The use of a confirmatory block has been strongly suggested due to the high rate of false positives with single blocks (range of 25% to 40%) but this does not appear to be cost effective or to prevent the incidence of false positive response to the neurotomy procedure itself. Criteria for the use of diagnostic blocks for facet "mediated" pain"11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. Exclusion Criteria that would require UR physician review: Previous fusion at the targeted level. (Franklin, 2008) In regard to the diagnostic lumbar medial branch block at L4-L5 and L5-S1, the request is appropriate. Progress notes provided do not indicate that this

patient has undergone any lumbar medial branch blocks to date. The patient had a lumbar fusion in August of 2010 per 3/31/15 report. Reviews of reports do not indicate the level of prior fusion level. Utilization review letter dated 6/26/15 denies request as the level of prior fusion is not specified. ODG states that Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. Due to lack of documentation of prior fusion level, the request IS NOT medically necessary.