

Case Number:	CM15-0146801		
Date Assigned:	08/07/2015	Date of Injury:	07/26/1994
Decision Date:	09/21/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/28/2015

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: Preventive Medicine, Occupational 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 60 year old female, who sustained an industrial injury on 7-26-94. The injured worker has complaints of right knee pain. The diagnoses have included reflex sympathetic dystrophy of the lower limb and chronic pain syndrome. Treatment to date has included two right knee surgeries one done in 1996 and the other done in 1999; spinal cord stimulator; intrathecal trial; wheelchair with crutches; lockout knee brace on her right knee; pain cream; pantoprazole; naproxen; baclofen; anti-inflammatory cream; venlafaxine and norco. The request was for ketamine 5% cream 60 gr with 2 refills; pantoprazole-protonix 20 mg #60; naproxen sodium-anaprox 550 mg #90; norco 10-325mg #60 and trazodone 50mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 5% cream 60 gr with 2 refills: 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 Ketamine Section Page(s): 59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Ketamine Section.

Decision rationale: Per the MTUS guidelines, Ketamine is 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. Per the ODG, Ketamine is not recommended. There is insufficient evidence to support the use of ketamine for the treatment of CRPS. Current studies are experimental and there is no consistent recommendation for protocols, including for infusion solutions. As this medication is not recommended, the request for Ketamine 5% cream 60 gr with 2 refills is not medically necessary.

Pantoprazole-Protonix 20 mg #60: 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 NSAIDs, GI Symptoms & Cardiovascular Risk Section Page(s): 68, 69.

Decision rationale: Proton pump inhibitors, such as Pantoprazole-Protonix are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of Pantoprazole-Protonix when using NSAIDs. The request for Pantoprazole-Protonix 20 mg #60 is not medically necessary.

Naproxen Sodium-Anaprox 550 mg #90: 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 NSAIDs Section Page(s): 67-71.

Decision rationale: The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. The request for Naproxen Sodium-Anaprox 550 mg #90 is not medically necessary.

Norco 10/325 mg #60: 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 Opioids Section, Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Norco for some time without objective documentation of functional improvement or significant decrease in pain. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325 mg #60 is not medically necessary.

Trazodone 50 mg #90 #90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Insomnia Treatment Section.

Decision rationale: Trazodone is not addressed by the MTUS guidelines. Per the ODG sedating antidepressants such as trazodone have been used to treat insomnia, however there is less evidence to support their use for insomnia. Trazodone may be an option for patients with coexisting depression. There is no current assessment of the continued need of trazodone. The benefits for sleep and depression in this particular injured worker are not addressed. The request for Trazodone 50 mg #90 is not medically necessary.