

Case Number:	CM15-0148611		
Date Assigned:	08/11/2015	Date of Injury:	05/18/2010
Decision Date:	09/09/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/31/2015

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: North Carolina

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 45 year old female, who sustained an industrial injury on May 18, 2010. The injured worker was diagnosed as having long term use of medication, lumbar strain-sprain, sciatica, neck sprain and shoulder pain in joint. Treatment to date has included multiple knee surgeries, physical therapy and medication. A progress note dated June 2, 2015 provides the injured worker complains of left knee pain rated 7 out of 10 with medication and 9 out of 10 without medication. She reports 30% improvement in function with medication and uses a knee brace. She also reports bilateral hand pain related to carpal tunnel. She reports anxiety and depression related to her medical conditions. Physical exam notes an antalgic gait, left knee lockout brace, and tenderness to palpation. The plan includes oral, transdermal and topical medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ondansetron-Zofran 4mg 1 tablet PRN #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Zofran.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested medication. Per the Official Disability Guidelines section on Ondanset, the medication is indicated for the treatment of nausea and vomiting associated with chemotherapy, radiation therapy or post-operatively. The medication is not indicated for the treatment of nausea and vomiting associated with chronic opioid use. The patient does not have a malignancy diagnosis. There is also no indication that the patient has failed more traditional first line medication such as Promethazine or Compazine. For these reasons, the request is not medically necessary.

Ketamine 5% cream 60 gram apply TID to affected area: Upheld

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

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

Decision rationale: 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 requested medication contains ingredients (Ketamine only indicated in CRPS, which the patient does not have) which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.