

Case Number:	CM15-0163943		
Date Assigned:	09/09/2015	Date of Injury:	08/23/2006
Decision Date:	10/09/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/20/2015

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: Texas, Florida, 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 48 year old male, who sustained an industrial injury on 8-23-06. He reported neck pain with bilateral upper extremity pain, numbness, and weakness. The injured worker was diagnosed as having cervical disc displacement, disorders of the sacrum, lumbar post-laminectomy syndrome, and sciatica. Treatment to date has included cervical epidural steroid injections, lumbar epidural steroid injections, physical therapy, and medication including Phenergan, Capsaicin cream, Morphine Sulfate, Norflex ER, and Norco. The injured worker had been taking Ketamine and Pantoprazole since at least March 2015. Currently, the injured worker complains of chronic neck and back pain. On 7-8-15 the treating physician requested authorization for retrospective Ketamine 5% and Pantoprazole 20mg #60 for the date of service 7-7-15. On 7-21-15 the requests were non-certified or modified. Regarding Ketamine the utilization review physician noted "current evidence-based guidelines do not support the use of creams in the injuries cited" therefore the request was non-certified. Regarding Pantoprazole the utilization review physician noted "there was not clear documentation of failure of first line agents" therefore the request was modified to include no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Ketamine 5% (DOS: 7/7/15): 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 Page(s): 111.

Decision rationale: The MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, 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 certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that 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. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. Therefore the request is not medically necessary.

Retrospective request for Pantoprazole 20mg #60 (DOS: 7/7/15): 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 Page(s): 68.

Decision rationale: As shared, this claimant was injured in 2006 with cervical disc displacement, disorders of the sacrum, lumbar post-laminectomy syndrome, and sciatica. Currently, the injured worker complains of chronic neck and back pain. The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (1) age over 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Sufficient gastrointestinal risks are not noted in these records. Therefore the request is not medically necessary.