

Case Number:	CM15-0164013		
Date Assigned:	09/01/2015	Date of Injury:	04/02/2014
Decision Date:	10/15/2015	UR Denial Date:	07/31/2015
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: Pennsylvania, Ohio, 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 38 year old female, who sustained an industrial injury on April 2, 2014 while working as a supervisor. The injury occurred when the injured worker was pushed by a customer, resulting in a fall. The injured worker sustained injuries to her back and left knee. The diagnoses have included neck sprain-strain, thoracic region sprain-strain, lumbar region sprain-strain and left knee pain. Treatment and evaluation to date has included medications, radiological studies, MRI of then lumbar spine and left knee, psychological assessments, transcutaneous electrical nerve stimulation unit, massage therapy and physical therapy. The injured worker was working with restrictions. Current documentation dated July 15, 2015 notes that the injured worker reported low back pain with radiation to the left lower extremity and left hip pain and tightness. Associated symptoms included burning and tightness in the posterior left lower extremity. The pain was rated a 5 out of 10 on the visual analogue scale. The injured worker also noted neck, upper back and left knee pain. Examination of the lumbar spine revealed spasm and guarding. Left knee examination revealed tenderness to palpation of the lateral aspect of the anterior knee and joint line tenderness. Special orthopedic testing was negative. The treating physician's plan of care included requests for retrospective (date of service 6-17-2015) Ketamine HCL cream 5% 60 grams #2 and retrospective (date of service 1-28-2015) Buprenorphine 0.1 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DOS: 6.17.15 Ketamine 5% cream 60gm #2: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. Ketamine is specifically recommended by MTUS only in cases where the patient has been refractory to all other treatment options; this criteria has not been met at this time. This request is not medically necessary.

Retro DOS: 1.28.15 Buprenorphine 0.1mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall, for which ongoing opioid use is supported. Therefore, this request is not medically necessary.