

<b>Case Number:</b>	CM15-0164016		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	04/02/2014
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 a customer, resulting in a fall, pushed the injured worker. 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 Ketamine 5% 60 grams #2 and Pantoprazole (Protonix) 20 mg # 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketamine 5% topical cream 60g #2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Capsaicin, topical, Topical Analgesics, compounded.

**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. Moreover, MTUS specifically discourages topical Ketamine except in refractory cases in which all other treatment options have been exhausted; these guidelines have not been met in this case. This request is not medically necessary.

**Pantoprazole-Protonix 20mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** MTUS recommends use of a proton pump inhibitor or H2 blocker for gastrointestinal prophylaxis if a patient has risk factors for gastrointestinal events. The records in this case do not document such risk factors or another rationale for this medication. The request is not medically necessary.