

Case Number:	CM15-0187377		
Date Assigned:	09/29/2015	Date of Injury:	05/18/2010
Decision Date:	11/10/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/23/2015

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: 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:

This injured worker is a 45 year old female who reported an industrial injury on 5-18-2010. Her diagnoses, and or impressions, were noted to include: chronic pain; sciatica; lower leg joint pain; lumbar region sprain-strain; shoulder joint pain; and long-term use of medications. Recent liquid chromatography-tandem mass spectrometry urine drug testing was noted on 5-4-2015; no current imaging studies were noted. Her treatments were noted to include: 2 left-knee arthroscopic surgeries; 12 physical therapy sessions lumbar spine (2014 - 2015); medication management with urine drug testing; and rest from work. The progress notes of 6-2-2015 reported a follow-up visit reporting: multiple claims (2009 & 2010) but being seen for her 5-18-2010 claim of the left knee with pain rated 7 out of 10 with medications, and a 30% improvement in function and activities of daily living; that she would rate her pain 9-10 out of 10 without medications; that she required refills of her medications; and reported a history of fibromyalgia, headaches and diabetes. The objective findings were noted to include: she wore a left knee lockout brace; that she complained of-reported dizziness, blurred and double vision with headaches, pain in her neck, of constipation, heartburn, nausea, abdominal pain, and throwing-up of blood without black tarry stools; moderate obesity; no acute distress; an antalgic gait with use of walker; decreased left lower extremity extension secondary to breakaway weakness; tenderness over the bilateral hand carpal tunnels; and positive left knee joint line tenderness. The physician's requests for treatment were noted to include refilling Zofran 4 mg, 1 tablet as needed for nausea; and Ketamine cream "55" 60 grams, apply to affected area three times a day. The Request for Authorization for Zofran 4 mg, #10, and Ketamine 5% cream 60 grams, #1 was not noted in the medical records provided. The Utilization Review of 8-28-2015 non-certified the request for Zofran 4 mg, #10, and Ketamine 5% cream 60 grams, #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zofran 4mg #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ondansetron (Zofran); Anti-emetics.

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; Antiemetics (for opioid nausea), page 773.

Decision rationale: The Ondansetron (Zofran) is provided as medication causes recurrent nausea and vomiting. Ondansetron (Zofran) is an antiemetic, serotonin 5-HT₃ receptor antagonist FDA-approved and prescribed for the prevention of nausea and vomiting associated with highly emetogenic cancer chemotherapy, and in severe postoperative nausea and/or vomiting, and for acute gastroenteritis, not demonstrated here. Common side effects include headaches, dizziness, malaise, and diarrhea amongst more significant CNS extra-pyramidal reactions, and hepatic disease including liver failure. None of these indications are industrially related to this chronic 2010 injury. The medical report from the provider has not adequately documented the medical necessity of this antiemetic medication prescribed from nausea and vomiting side effects of chronic pain medications. A review of the MTUS Guidelines are silent on its use; however, ODG Guidelines does not recommend treatment of Zofran for nausea and vomiting secondary to chronic opioid use as in this case with use for years without functional benefit. The Zofran 4mg #10 is not medically necessary or appropriate.

Ketamine 5% cream, 60 grams #1: 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): Ketamine, Topical Analgesics.

Decision rationale: Although Ketamine topical may be an option for chronic pain, there are no published controlled studies with evidence of efficacy. Chronic pain guidelines states patients with incapacitating, otherwise intractable, chronic pain may accept side effects from a treatment if pain relief is sufficiently effective; In some patients, Ketamine has proved effective and, on this basis, a trial of Ketamine is probably warranted for the patient with severe chronic pain that is incapacitating and refractory to other first and second-line pharmacological therapies; however, that has not been demonstrated for this patient with persistent severe chronic pain without any specific functional improvement from long-term use of this topical analgesics. The patient continues with unchanged opiate formulation and clinical findings without any weaning attempted or decrease in medical utilization seen for this chronic 2010 injury. Medical necessity has not been established for this previously non-certified medication; without any change documented from treatment already rendered for this patient without clear contraindication to oral medications. The Ketamine 5% cream, 60 grams #1 is not medically necessary or appropriate.