

Case Number:	CM15-0190363		
Date Assigned:	10/05/2015	Date of Injury:	09/01/2011
Decision Date:	11/16/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/28/2015

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:

The injured worker is a 37 year old female, who sustained an industrial injury on 9-1-11. Medical records indicate that the injured worker is undergoing treatment for pain in the joint of the right lower leg, patellar tendinitis, low back pain and depression. The injured worker was noted to be permanent and stationary. The injured workers current work status was not identified. On (8-17-15) the injured worker complained of low back pain and bilateral knee pain, right greater than the left. Associated symptoms include a pins and needles sensation in the right knee, worse in the morning. Left knee pain is worse with ambulation. The low back pain is worse with extended periods of activity and better with rest and medication. Examination of the right knee revealed joint line tenderness. An apprehension sign was negative. Treatment and evaluation to date has included medications, x-rays of the right knee, MRI of the right knee, urine drug screen, knee injections, physical therapy, aquatic therapy, H-Wave unit, functional restoration program and right knee surgery. The injured worker did not note gastrointestinal symptoms and there is no documentation of a history of gastrointestinal disease. Current medications include Ketamine 5% cream (since at least March of 2015), Gabapentin, Tramadol Hcl, Prilosec (since at least March of 2015), Naproxen, Diclofenac Sodium cream and Lexapro. The injured worker was noted to be prescribed Protonix for gastrointestinal protection and Ketamine cream as a topical neuropathic agent. Medications tried and failed include Cymbalta, Morphine, Norco Flexeril, Buprenorphine and Venlafaxine. Current treatment requests include Pantoprazole-Protonix 20 mg # 60 and Ketamine 5% cream 60 grams # 1. The Utilization Review documentation dated 8-

28-15 non-certified the requests for Pantoprazole-Protonix 20 mg # 60 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:

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: The 37 year old patient complains of lower back pain and bilateral knee pain, as per progress report dated 08/17/15. The request is for Pantoprazole - Protonix 20mg #60. The RFA for this case is dated 08/24/15, and the patient's date of injury is 09/01/11. Diagnoses, as per progress report dated 08/17/15, included pain in right lower leg joint and patellar tendinitis. Medications included Naproxen, Pantoprazole, Diclofenac cream, Lexapro, Tramadol, Ketamine cream, and Gabapentin. The patient's work status has been documented as permanent and stationary. Protonix is a proton pump inhibitor. MTUS Chronic Pain Medical Treatment Guidelines 2009, NSAIDs, GI symptoms & cardiovascular risk Section, pg 69, allows PPI for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis. www.drugs.com/pro/protonix.htm FDA indications: "Protonix- Pantoprazole, a PPI, Gastroesophageal Reflux Disease Associated with a History of Erosive Esophagitis. Protonix I.V. for Injection is indicated for short-term treatment (7 to 10 days) of adult patients with gastroesophageal reflux disease (GERD) and a history of erosive esophagitis." In this case, Pantoprazole is first noted in progress report dated 01/05/15. While the patient has been using medication consistently since then, it is not clear when Pantoprazole was initiated. As per progress report dated 08/17/15, the patient is using Pantoprazole for "GI protection with use of oral medications." In an appeal letter dated 08/21/15, the treater states the patient has history of GI issues such as nausea and vomiting, secondary to Venlafaxine and Morphine use. Currently, the patient uses Naproxen and Tramadol which can cause GI distress as well. The treater also states that Pantoprazole is helping the patient without any side effects. Although the patient did have some GI issues in the past, the treater does not document GI risk with regards to current medications. Additionally, there is no discussion regarding failure of first-line proton pump inhibitors. Hence, the request is not medically necessary.

Ketamine 5% cream 60g #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): Topical Analgesics.

Decision rationale: The 37 year old patient complains of lower back pain and bilateral knee pain, as per progress report dated 08/17/15. The request is for Ketamine 5% cream 60g #1. The RFA for this case is dated 08/24/15, and the patient's date of injury is 09/01/11. Diagnoses, as per progress report dated 08/17/15, included pain in right lower leg joint and patellar tendinitis. Medications included Naproxen, Pantoprazole, Diclofenac cream, Lexapro, Tramadol, Ketamine cream, and Gabapentin. The patient's work status has been documented as permanent and stationary. MTUS chronic pain guidelines 2009, Topical analgesics section and page 111, states that if one of the compounded products is not recommended then the entire compound is not recommended. MTUS guidelines further states Other agents: Topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia, and both studies showed encouraging results. Topical clonidine has published reports in animal studies only. Topical gabapentin has no published reports. In this case, Ketamine cream is first noted in progress report dated 01/05/15. The patient has been using medication consistently since then but it is not clear when the cream was initiated. As per progress report dated 08/17/15, Ketamine cream is being prescribed as a "topical neuropathic agent." In an appeal letter dated 08/21/15, the treater states the patient "notes a sensation of nails inside her right knee, as well as radiation of pain from her anterior patellar region to the lateral and medial region of her knee." The treater also states that physical examination indicates presence of neuropathic pain. The patient has trialed and failed several oral medications and conservative treatments. Ketamine cream provides consistent pain relief and helps the patient perform activities of daily living with less pain. It also prevents an increase in Gabapentin usage and does not lead to any unwanted side effects. While the topical Ketamine appears to help the patient, MTUS does not support the use of this cream due to lack of reliable and controlled studies. Hence, the request is not medically necessary.