MAXIMUS Federal Services

Case Number:	CM15-0196837		
Date Assigned:	10/13/2015	Date of Injury:	12/02/2003
Decision Date:	11/24/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/06/2015

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: New York, West Virginia, Pennsylvania
Certification(s)/Specialty: Emergency 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 71 year old female, who sustained an industrial injury on 12-2-03. The injured worker has complaints of neck pain with radiation into the shoulders and down both arms in a C6 and C7 dermatomal pattern. The injured worker reports burning, numbness and tingling down the arms. The diagnoses have included pan in joint lower leg; cervical spondylosis without myelopathy; pain in joint hand and lumbago. Treatment to date has included ketamine cream was helpful; wrist braces at night which helps temporarily, but the pain will return after taking the braces off; no longer taking prilosec because she is using herbal supplements and probiotics to help with her gastrointestinal symptoms; lidoderm patch; lidocaine ointment; vicodin; ibuprofen; lunesta and fioricet. The documentation noted that the injured worker was scheduled for an epidural steroid injection but had to cancel and the authorization expired. Lumbar spine X-ray dated 6-17-14 revealed grade 1 anterolisthesis of L3-4 and L4-5, which is stable on flexion, extension, and mild degenerative disc disease at L3 to S1 (sacroiliac). Lumbar spine magnetic resonance imaging (MRI) on 4-24-14 revealed no significant change compared to prior study from October 2102; grade 1 degenerative anterolisthesis at L3-4 and L4-5 with small disc bulges and mild centr4al canal narrowing and moderate left neural foraminal narrowing at L3-4 is stable. The original utilization review (9-21-15) non-certified the request for ketamine 5 percent cream 60gr #4. The request for vicodin 5-300mg #90 was modified to #75. The request for lunesta 3mg #30 was modified to #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 5% cream 60gr #4: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) topical ketamine.

Decision rationale: Guidelines state that topical ketamine has only been studies for use in post herpetic neuralgia and complex regional pain syndrome. Topical ketamine is not recommended except for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. In this case, the patient has been approved for a cervical epidural. The need for topical ketamine cream should be reassessed based on the efficacy of the cervical epidurals. The request for topical 5% ketamine cream 60 gm with 4 refills is not medically appropriate and necessary.

Vicodin 5/300mg #90: 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): Opioids, criteria for use.

Decision rationale: Guidelines support short-term use of opiates for moderate to severe pain after first line medications have failed. Long-term use may be appropriate if there is functional improvement and stabilization of pain without evidence of non-compliant behavior. In this case, the patient has been taking Vicodin without evidence of significant benefit in pain or function to support long-term use. In addition, it is not clear how many tablets the patient is currently taking. The request for Vicodin 5/300 mg #90 is not medically appropriate and necessary.

Lunesta 3mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain chapter, Topical analgesics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lunesta.

Decision rationale: Guidelines state that Lunesta is a first line medication for insomnia and is not recommended for long-term use. In this case, the patient has been on Lunesta since at least May 2015. There is a lack of documentation of the ongoing need for Lunesta. There is no recent documentation of the patient's sleep hygiene. The request for Lunesta 3 mg #30 is not medically appropriate and necessary.