MAXIMUS Federal Services

Case Number:	CM15-0197891		
Date Assigned:	10/13/2015	Date of Injury:	10/05/2008
Decision Date:	11/20/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/08/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 62 year old male who reported an industrial injury on 10-5-2008. His history noted blood clots following right foot surgery in 2009. His diagnoses, and or impressions, were noted to include: chronic pain; congenital Pes Planus; Talipes Eqinovarus congenital; chronic pain syndrome; lumbar disc displacement without myelopathy; and Acq hip deformity. No current imaging studies were noted; magnetic resonance imaging of the lumbar spine was done on 11-15-2013; and electrodiagnostic studies of the bilateral lower extremities on 8-9-2011. His treatments were noted to include: lumbar epidural steroid injections (2008); right foot surgery (2009); medication management; and rest from work, noting he was permanently disabled. The pain management progress notes of 9-10-2015 reported a follow-up visit for: chronic low back and right foot pain; a return from a trip abroad and was able to tolerate his medications well; that his pain remained 7 out of 10 and his desire to avoid 1 of his medications, as the others really did help to reduce his pain down to about a 4 out of 10 allowing him to walk better and longer with less pain, and exercise better with less pain. The objective findings were noted to include: an antalgic gait with use of a single crutch; tenderness to the lumbosacral junction with associated muscle tension, with lumbar flexion decreased by 20% and extension by 10%, bilaterally; decreased sensation along the right lateral calf; decreased right leg extension and right hip flexion. The physician's requests for treatment were noted to include the continuation of his medications with prescriptions for: Ketamine 5% cream, 60 grams, apply to affected area 3 x a day, #1; Ambien 5 mg, 1 at bedtime, #30 with 3 refills; and Nabumetone-Relafen 500 mg, 2 x a day (anti-inflammatory), #90. These same medications and dosages were

also noted continued on the 4-23-2015 progress notes. No Request for Authorization was noted for Ketamine 5% compound cream to be applied to affected area 3 x a day, #1; Ambien 5 mg at bed time, #30 with 3 refills; and Nabumetone-Relafen 500 mg, 2 x a day, #90 in the medical records provided. The Utilization Review of 9-28-2015 non-certified the request for: a Ketamine 5% compound cream to be applied to affected area 3 x a day, #1; Ambien 5 mg at bed time, #30 with 3 refills; and Nabumetone-Relafen 500 mg, 2 x a day, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 5% cream 60 gr SIG: apply to affect area three times a day Qty: 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: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed; any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Ketamine is under study and has only been researched for CRPS. In this case, the claimant does not have CRPS. The claimant was on topical Ketamine for several months and long-term use is not recommended. The claimant was also on oral NSAIDs. The use of topical Ketamine is not medically necessary.

Ambien 5mg tablet SIG take 1 at bedtime Qty: 30 Refills 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress - Zolpidem (Ambien).

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 and pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Zolpidem is indicated for the short-term treatment of insomnia with difficulty of sleep onset (7-10 days). In this case, the claimant had used the medication for several months. The

etiology of sleep disturbance was not defined or further evaluated. Continued use of Zolpidem (Ambien) with 3 months refills is not medically necessary.

Nabumetone-relafen 500mg #90 SIG: take 2 times daily Qty: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steriodal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steriodal anti-inflammatory drugs).

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over 6 months along with Buprenorphine. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Continued use of Relafen is not medically necessary.