

Case Number:	CM15-0198580		
Date Assigned:	10/14/2015	Date of Injury:	10/30/2013
Decision Date:	12/01/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/09/2015

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: Massachusetts Certification(s)/Specialty: Anesthesiology, Pain Management

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 46 year old male, who sustained an industrial injury on 10-30-2013. The injured worker is being treated for lumbar herniated disc and spondylolisthesis lumbar region, neck pain, neuropathic pain, spinal pain, and right shoulder pain. Treatment to date has included diagnostics and medications. Per the Primary Treating Physician's Progress Report dated 7-31-2015, the injured worker presented for follow-up. He reported his average pain as 8 out of 10. Lying down on the left side, recliner and pain medications help. Pain is mostly in the right shoulder and neck, the later during rotation feels like "sand." Sitting too long and walking too long cause him to have a burning sensation in the lower back area. His pain has increased since EMG (electromyography)/NCV (nerve conduction studies) of the upper extremities were completed. Current medications include Norco and Neurontin. Objective findings included tenderness and decreased range of motion in the right shoulder secondary to pain. Per the medical records dated 5-29-2015 to 7-31-2015 there is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. The notes from the provider do not document efficacy of the prescribed medications. On 5-29-2015, he rated his pain as 8 out of 10. Work status was not documented on 7-31-2015. The plan of care included medication management. Authorization was requested on 8-25-2015 for Ketamine 10mg #90 and Gabapentin (Neurontin) 600mg #90. On 9-15-2015, Utilization Review non-certified the request for Ketamine and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine: Upheld

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

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

Decision rationale: According to the ODG, Ketamine is not recommended for chronic pain as there is insufficient evidence to support its use. Further, according to the documents available for review, there is no documentation of improvement in pain with the use of this agent. Therefore, the requirements for treatment have not been met and therefore the request is not medically necessary and has not been established.

Neurontin: 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): Antiepilepsy drugs (AEDs).

Decision rationale: According to the MTUS, Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Gabapentin is also recommended for spinal cord injury, CRPS, fibromyalgia, and lumbar spinal stenosis. According to the documents available for review, the injured worker has none of the aforementioned MTUS approved indications for the use of this medication. Therefore, at this time, the requirements for treatment have not been met and therefore the request is not medically necessary and has not been established.