

Case Number:	CM15-0203129		
Date Assigned:	10/19/2015	Date of Injury:	04/21/2008
Decision Date:	12/07/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/15/2015

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: Texas, 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:

The injured worker is a 41 year old male, who sustained an industrial injury on 4-21-08. Medical records indicate that the injured worker is undergoing treatment for lumbar disc displacement without myelopathy, lumbar spine sprain-strain, bilateral hip stain, left greater trochanteric bursitis, disorders of the sacrum and headache. The injured workers current work status was not identified. On (10-6-15) the injured worker complained of low back pain with radiation to the lower extremities and bilateral hip pain. The injured worker noted no changes in his condition. Examination of the lumbar spine revealed spasm and guarding. Treatment and evaluation to date has included medications, MRI, cognitive behavior psychotherapy, physical therapy lumbar epidural steroid injections and a home exercise program. Current medications include Capsaicin cream, Ketamine 5% cream (since at least July of 2015), Gabapentin (since at least July of 2015), Hydrocodone-acetaminophen and Norflex ER. Per the note dated 10/30/15 the patient had complaints of low back pain with radiation to the lower extremities and bilateral hip pain. Physical examination of the lumbar spine revealed positive SLR, tenderness on palpation, muscle spasm, 4/5 strength and decreased sensation in lower extremity. The patient sustained the injury due to a slip and fall incident. The patient's surgical history include left hip arthroplasty in 2012. The patient has had MRI of the lumbar spine on 3/2/15 that revealed severe foraminal narrowing, and degenerative changes. The patient had previously tried tramadol, Naproxen and Lortab and developed GI side effects and HTN; had tried Lidocaine ointment and it was not effective. Patient had received PT visits and ESI for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin 600mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Gabapentin 600mg #120 According to the CA MTUS Chronic pain guidelines regarding Neurontin/Gabapentin, 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. Spinal cord injury: Recommended as a trial for chronic neuropathic pain Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit This medication appears to be effective in reducing abnormal hypersensitivity (allodynia and hyperalgesia), to have anti-anxiety effects, and may be beneficial as a sleep aid. The patient had diagnoses of lumbar disc displacement without myelopathy, lumbar spine sprain-strain, bilateral hip stain, left greater trochanteric bursitis, disorders of the sacrum and headache. Per the note dated 10/30/15 the patient had complaints of low back pain with radiation to the lower extremities and bilateral hip pain. Physical examination of the lumbar spine revealed positive SLR, tenderness on palpation, muscle spasm, 4/5 strength and decreased sensation in lower extremity. The patient's surgical history includes left hip arthroplasty in 2012. The patient has had MRI of the lumbar spine on 3/2/15 that revealed severe foraminal narrowing, and degenerative changes. The patient has chronic pain with a neuropathic component. The patient has abnormal objective findings that are consistent with the patient symptoms. Anticonvulsants or antiepileptic like Gabapentin / Neurontin are medically appropriate and necessary in this patient. The cited guidelines support the use of Gabapentin 600mg #120 in patients with this clinical situation therefore the request is deemed medically necessary.

Ketamine 5% cream 60gm #1: Overturned

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

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

Decision rationale: Ketamine 5% cream 60gm #1 According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is 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. There is little to no research to support the use of many of these agents. Per the cited guidelines, Ketamine: Under study: Only recommended for treatment of neuropathic pain in

refractory cases in which all primary and secondary treatment has been exhausted. Per the note dated 10/30/15 the patient had complaints of low back pain with radiation to the lower extremities and bilateral hip pain. Physical examination of the lumbar spine revealed positive SLR, tenderness on palpation, muscle spasm, 4/5 strength and decreased sensation in lower extremity. The patient's surgical history includes left hip arthroplasty in 2012. The patient has had a MRI of the lumbar spine on 3/2/15 that revealed severe foraminal narrowing, and degenerative changes. The patient has abnormal objective findings that are consistent with the patient symptoms. The patient had previously tried tramadol, Naproxen and Lortab and developed GI side effects and HTN; had tried Lidocaine ointment and it was not effective. The patient had received PT visits and ESI for this injury. Therefore there is evidence of neuropathic pain and this is a refractory case in which all primary and secondary treatment has been exhausted. The request for Ketamine 5% cream 60gm #1 is deemed medically appropriate and necessary in this patient at this time.