

Case Number:	CM15-0207133		
Date Assigned:	10/23/2015	Date of Injury:	06/23/2000
Decision Date:	12/04/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/21/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 57 year old female, who sustained an industrial injury on 6-23-2000. The injured worker was diagnosed as having lumbosacral plexus lesions, degeneration of lumbar or lumbosacral intervertebral disc, lumbar post laminectomy syndrome-status post L4-S1 fusion 2002, and periostitis, without mention of osteomyelitis, other specified sites. Treatment to date has included diagnostics lumbar spinal surgery in 2002, and medications. On 7-28-2015, the injured worker complained of continued back pain and right hip pain, with popping in the right hip. Pain was not rated. Pain was worsened with prolonged sitting and bending and made better with rest, applied heat, and medication. A review of symptoms was positive for right lower extremity and sacral pins and needles sensation, burning, and numbness. Her past medical history included asthma, chronic musculoskeletal pains, hyperlipidemia, kidney disease, neuropathy, and osteoporosis. She admitted occasional alcohol use. Objective findings included "normal muscle tone without atrophy" in the upper and lower extremities, strength 5 of 5, no edema or tenderness in any extremity, and deep tendon reflexes 1+ to the right patella. Medications included Citalopram, Nortriptyline, Oxycontin, Ketamine cream, Lidoderm patch, Aspirin, Cenestin, Lipitor, Lisinopril, and Progesterone. She was prescribed to continue Oxycontin 10mg three times daily. The treating provider documented that she tried to decrease and come off Oxycontin and found that her function degrades greatly and would not be able to continue working. Her work status was permanent and stationary. On 8-31-2015, the injured worker complains of persistent back pain and popping in the right hip and buttock pain radiating into the anterior hip region. Pain was rated 5 out of 10 with medication and 8 without. Physical

exam was unchanged from 7-28-2015. Medication was unchanged. She was prescribed to continue Oxycontin 10mg three times daily and Ketamine cream %5 (apply to affected area three times daily). The use of Oxycontin 10mg three times daily and Ketamine cream 5% was noted since at least 4-2015. Urine toxicology (6-22-2015) was consistent with prescribed medications. On 10-16-2015 Utilization Review non-certified a request for Ketamine cream 5% 60gm (DOS 8-31-2015), Oxycontin 10mg #90 (DOS 7-28-2015), and Oxycontin 10mg #90 (DOS 8-31-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine Cream 5% 60mg , DOS: 08/31/15,: Upheld

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: Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." According to CA MTUS guidelines, the use of topical ketamine is "under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia and both have shown encouraging results." In this case, the current request does not meet CA MTUS guidelines and therefore the request is not medically necessary.

Oxycontin 10mg #90, DOS: 07/28/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / Opioids for chronic pain.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, opioids (criteria for use & specific drug list): A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on

meeting these goals. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The 4 A's for Ongoing Monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors. Opioids may be continued if the patient has returned to work and the patient has improved function/pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG Pain / Opioids for chronic pain states "According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms." Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance, return to work, or increase in activity from the exam note of 7/28/15. Therefore the determination is for non-certification and not medically necessary.

Oxycontin 10mg #90, DOS: 08/31/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / Opioids for chronic pain.

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