

Case Number:	CM15-0023201		
Date Assigned:	02/12/2015	Date of Injury:	09/19/2007
Decision Date:	04/13/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/06/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 27-year-old female who reported an injury on 09/19/2007 due to an unspecified mechanism of injury. On 12/10/2014, she presented for a follow-up evaluation regarding her work related injury. She noted having chronic back pain rated at a 9/10, with her average pain level being a 7.5/10 to 8/10 on the VAS. She reported continued difficulties with work. A physical examination showed that she complained of balance problems and poor concentration, but denied any memory loss, numbness, seizures, tremors, or weakness. Her medications included diclofenac sodium, pantoprazole Protonix, Nucynta ER, orphenadrine, Norflex ER, ketamine 5% cream, Lyrica 25 mg, lorazepam, Prozac 40 mg, Seroquel 100 mg, and Prozac 10 mg. She was diagnosed with stenosis of the lumbar spine; lumbar disc displacement without myelopathy; cervical disc displacement; degeneration of the lumbosacral disc; and sciatica. The treatment plan was for Lyrica 25 mg, ketamine 5% cream, and orphenadrine 100 mg. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orphenadrine 100mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend nonsedating muscle relaxants as a second line treatment medication option for the treatment of low back pain. The documentation provided does not show that she has tried and failed first line therapy medications to support the requested second line try medication. Also, the injured worker's response to this medication in terms of a quantitative decrease in pain or an objective improvement in function was not clearly documented. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Ketamine 5% cream 60gm quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

Decision rationale: The California MTUS Guidelines indicate that topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. It is also stated that ketamine is only recommended for the treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. The documentation provided does not show that the injured worker has neuropathic pain that has been refractory to all other primary and secondary treatment modalities. Also, there is a lack of evidence showing that she has had a quantitative decrease in pain or an objective improvement in function with the use of this medication to support its continuation. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Lyrica 25mg quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-20, 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 99.

Decision rationale: The California MTUS Guidelines indicate that Lyrica is recommended for the treatment of diabetic painful neuropathy, postherpetic neuralgia, and fibromyalgia. The documentation provided does not show that the injured worker has any of the diagnoses that would support the request for Lyrica. Also, her response to the medication in terms of pain relief

and an objective improvement in function was not clearly documented. Furthermore, the frequency of the medication was not stated with the request. Therefore, the request is not supported. As such, the request is not medically necessary.