

Case Number:	CM15-0034367		
Date Assigned:	03/02/2015	Date of Injury:	06/06/2012
Decision Date:	04/14/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/24/2015

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: New Jersey

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 53 year old male, who sustained an industrial injury on June 6, 2012. He has reported that while moving a piano he experienced bilateral leg numbness as well as pain in his shoulder and low back. The diagnoses have included C6-C7 pseudoarthrosis, C4-C5 stenosis, C4-C5 intervertebral disc derangement, neck pain, thoracic pain, and low back pain. Treatment to date has included cervical fusion surgery, bracing, and medication. Currently, the injured worker complains of neck pain, bilateral upper extremity pain, thoracic to lumbar back pain, bilateral buttock/hip pain, and bilateral calf and foot pain. The Treating Physician's report dated February 6, 2015, noted tenderness to palpation in the upper craniocervical junction, with lumbar spine midline tenderness to palpation. The injured worker was noted to have a mild right antalgic gait, with diminished range of motion (ROM) in both the cervical and lumbar spine in all arcs. On February 18, 2015, Utilization Review non-certified Lidocaine 5%, #30 monthly and Ketamine Hydrochloride 100%, #240 per month, noting that based on the medical records provided for the review medical necessity for the requests was not established. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On February 24, 2015, the injured worker submitted an application for IMR for review of Lidocaine 5%, #30 monthly and Ketamine Hydrochloride 100%, #240 per month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5%, #30 monthly per 2/11/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111, 112, 133.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidocaine Page(s): 112.

Decision rationale: The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI antidepressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, although there was vague reporting found in the documentation of the worker taking Topamax for headaches and an "SNRI" for an unknown reason, there was no recent report found in the documentation provided for review describing how these or other medications were tried and failed to relieve his neuropathic pain to warrant lidocaine. Therefore, the topical lidocaine will be considered medically unnecessary at this time.

Ketamine Hydrochloride 100%, per 2/11/15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine, p. 56 AND Topical Analgesics, Ketamine, p. 113.

Decision rationale: The MTUS Chronic Pain Guidelines state that ketamine is generally not recommended as there is insufficient evidence to support its use for the treatment of chronic pain and has been associated with frequent side effects. Topical ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. In the case of this worker, there was insufficient recent reporting found in the documentation provided for review to show a complete list of treatments tried and failed to warrant the use of ketamine, as it should only be considered when all other treatments have failed. Therefore, the ketamine will be considered medically unnecessary until this is provided for review.