

Case Number:	CM15-0044002		
Date Assigned:	03/13/2015	Date of Injury:	02/05/2005
Decision Date:	04/17/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/09/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 47 year old male, who sustained an industrial injury on 02/05/2005. He has reported injury to the low back. The diagnoses have included lumbar disc displacement without myelopathy; and lumbar radiculopathy. Treatment to date has included medications, lumbar epidural steroid injection, chiropractic therapy, and physical therapy. Medications have included Relafen, Orphenadrine ER, and Ketamine cream. A progress note from the treating physician, dated 10/29/2014, documented an evaluation with the injured worker. Currently, the injured worker complains of low back pain; cramping and spasms in the left lateral thigh and lower leg; increase in tingling in the left leg; decrease in pain from the lumbar epidural steroid injection dated 08/19/14; and he is using the ketamine cream on the left leg which helps to alleviate some of the throbbing/spasm pain in the leg. Objective findings included antalgic gait. The treatment plan has included prescription medications for pain relief and decreased symptoms. Request is being made for Ketamine cream 5% 60gr, (DOS: 10/29/14); and for Nabumetone-Relafen 500mg #90, (DOS: 10/29/14).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine cream 5% 60gr, (DOS: 10/29/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: Regarding the request for topical ketamine, Chronic Pain Medical Treatment Guidelines state that ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Within the documentation available for review, there is no evidence of failure of primary and secondary treatment to control neuropathic pain. In the absence of such documentation, the requested topical ketamine is not medically necessary.

Nabumetone-Relafen 500mg #90, (DOS: 10/29/14): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 67-72 of 127.

Decision rationale: Regarding the request for nabumetone, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is indication that the medication is providing specific analgesic benefits as well as objective functional improvement with increased standing and walking tolerance. In light of the above, the currently requested nabumetone is medically necessary.