

Case Number:	CM15-0046009		
Date Assigned:	03/18/2015	Date of Injury:	08/11/2008
Decision Date:	05/11/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/11/2015

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: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 60-year-old male who reported an injury on 08/11/2008. The mechanism of injury was moving boxes. Prior treatments included physical therapy, massage therapy, home exercise program, aquatic therapy, chiropractic therapy, acupuncture, and a TENS unit. Documentation of 03/06/2015 revealed an appeal to the denial. The injured worker had complaints of chronic low back, leg, and elbow pain. The pain was made worse with standing. The injured worker indicated with medication the pain was 5/10 and without medications it was 9/10 to 10/10. The request was made for ketamine 5% cream 60 g #1 for neuropathic pain, pantoprazole/Protonix 20 mg #60 for GI symptoms, gabapentin 600 mg #60 for neuropathic pain, buprenorphine 0.1 mg sublingual troches #30 for low back pain, leg and elbow pain, and orphenadrine/Norflex ER 100 mg #90 for muscle spasms. The physical examination revealed the injured worker had a positive straight leg raise on the left and spasm and guarding in the lumbar spine. The injured worker indicated he continued to have low back pain that radiated down the bilateral lower extremities, right greater than left. The injured worker had associated symptoms of sleeplessness. The injured worker trialed several oral medications, but either experienced side effects or the medication was ineffective and the medications included nabumetone, Flexeril, Zanaflex, Opana, and tramadol. The use of ketamine cream prevented the escalation. The injured worker indicated that with ketamine and gabapentin, the pain came down for a 9/10 to 1/10, to a 5/10. With the use of ketamine and gabapentin, the injured worker was able to continue his home exercise program and perform activities of daily living with less pain.

The injured worker had complaints of GI complications including constipation and abdominal pain secondary to the use of oral medications. The concurrent use of Protonix with oral medications was preventing side effects. The documentation indicated the injured worker had utilized Prilosec; however, discontinued it as it was nonbeneficial. Regarding the Norflex, the physician indicated that the injured worker had muscle spasms and guarding for which Norflex was appropriate. With Norflex, the injured worker had a reduction in muscle spasms and improvement in function. Regarding the use of buprenorphine sublingual troches, the injured worker was noted to have moderate to severe pain and it was noted the injured worker's pain decreased from 9/10 to 10/10 on a VAS, to 5/10 with use of the medication and the medication allowed for increased activities of daily living and functioning. The injured worker underwent urine drug screens. The injured worker was utilizing the medication buprenorphine on an as needed basis and as such, the urine drug screen was appropriate. The injured worker was noted to be currently stable on medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 5% cream 6g: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine Page(s): 113.

Decision rationale: The California MTUS Guidelines recommend topical ketamine for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment have been exhausted. The clinical documentation submitted for review met the above criteria. However, the request as submitted failed to indicate the frequency and the body part to be treated. Given the above, the request for ketamine 5% cream 6g is not medically necessary.

Pantoprazole-protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines state proton pump inhibitors are recommended for injured workers at intermediate with no cardiovascular disease. They are also for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had failed first line therapy of omeprazole. There was documentation of efficacy for the requested medication. This request would be supported. However, the request as submitted failed to

indicate the frequency for the requested medication. Given the above, the request for pantoprazole-Protonix 20mg #60 is not medically necessary.

Gabapentin 600mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: The California MTUS Guidelines recommend antiepilepsy medications as a first line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvement. The clinical documentation submitted for review met the above criteria. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for gabapentin 600mg #60 is not medically necessary.

Bupronorphine 0.1mg SL troches #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupronorphine Page(s): 26-27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review met the above criteria. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for buprenorphine 0.1mg SL troches #30 is not medically necessary.

Orphenadrine-norflex ER 100mg #90: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had objective

functional improvement. However, the documentation further indicated the injured worker continued to have muscle spasms. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for orphenadrine-Norflex ER 100mg #90 is not medically necessary.