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| Case Number: | CM15-0080677 | | |
| Date Assigned: | 05/01/2015 | Date of Injury: | 11/28/2006 |
| Decision Date: | 06/01/2015 | UR Denial Date: | 04/18/2015 |
| Priority: | Standard | Application Received: | 04/27/2015 |

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

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 51-year-old female sustained an industrial injury on 11/28/06. She subsequently reported back pain. Diagnoses include lumbar disc displacement, right knee pain, right hip pain and low back pain. Treatments to date include x-ray and MRI testing, surgery, physical therapy and prescription pain medications. The injured worker continues to experience low back pain, swelling in the lower legs and a tingling sensation to the lumbar spine and sharp pain to the left leg. Upon examination, range of motion is reduced and lumbar tenderness and spasms were noted. A request for Xanax and Ketamine cream medications was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Xanax 1mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Alprazolam (Xanax).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, page 24.

Decision rationale: Xanax (Alprazolam) is indicated for the management of anxiety disorder. Anxiety or tension associated with the stress of everyday life usually does not require treatment with an anxiolytic. Alprazolam is an anti-anxiety medication in the benzodiazepine family, which inhibits many of the activities of the brain, as it is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Per the Chronic Pain Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks as chronic benzodiazepines are the treatment of choice in very few conditions and tolerance to hypnotic effects develops rapidly. Additionally, submitted reports have not demonstrated clear functional benefit of treatment already rendered. The 60 Xanax 1mg is not medically necessary and appropriate.

Ketamine cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: Although ketamine topical may be an option for chronic pain, there are no published controlled studies. Chronic pain guidelines state patients with incapacitating, otherwise intractable, chronic pain may accept side effects from a treatment if pain relief is sufficiently effective; In some patients, ketamine has proved effective and, on this basis, a trial of ketamine is probably warranted for the patient with severe chronic pain that is incapacitating and refractory to other first- and second-line pharmacological therapies; however, that has not been demonstrated for this patient with persistent severe chronic pain without any specific functional improvement from long-term use of this topical analgesics. The patient continues with unchanged opiate formulation and clinical findings without any weaning attempted or decrease in medical utilization seen for this chronic injury. Medical necessity has not been established for this previously non-certified medication; Without any change documented from treatment already rendered for this patient on multiple other oral medications without clear contraindication. The Ketamine cream is not medically necessary and appropriate.