

Case Number:	CM15-0097704		
Date Assigned:	05/28/2015	Date of Injury:	04/21/2008
Decision Date:	07/01/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/20/2015

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, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 40 year old male, who sustained an industrial injury on 4/21/08. He reported a left hip injury after slipping and falling. The injured worker was diagnosed as having lumbar sprain/strain. Treatment to date has included left hip arthroplasty, physical therapy, home exercise program, lumbar epidural steroid injections, topical Ketamine and oral medications. (MRI) magnetic resonance imaging of lumbar spine performed on 3/2/15 revealed severe left L5-S1 foraminal stenosis with impingement on exiting left L5 nerve roots. Currently, the injured worker complains of chronic low back pain with radiation to left lower extremity with numbness in posterolateral aspect of right leg to foot. Physical exam noted decreased sensation in left L5 dermatome with spasm and guarding noted in the lumbar spine. A request for authorization was submitted for Ketamine cream and Orphenadrine-Norflex ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 5% cream 60 gr #1: Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Ketamine is recommended as topical analgesics for chronic back pain. Based on the above, Ketamine cream 5% is not medically necessary.

Orphenadrine-Norflex ER 100 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Antispasticity Drugs Page(s): 63 and 66.

Decision rationale: According to MTUS guideline, Orphenadrine (Norflex, Banflex Antiflex, Mio-Rel, and Orphenate, generic) is a muscle relaxant with anticholinergic effects. MTUS guidelines stated that non-sedating muscle relaxants are recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear and recent evidence of acute exacerbation of spasm. The request of Orphenadrine ER 100 mg #90 is not medically necessary.