

Case Number:	CM14-0117284		
Date Assigned:	09/16/2014	Date of Injury:	06/13/2011
Decision Date:	10/23/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/25/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 52-year-old female was reportedly injured on June 13, 2011. The mechanism of injury stated to be cumulative trauma. The most recent progress note, dated August 28, 2014, indicates that there are ongoing complaints of low back pain and right hip pain. The injured employee rates for pain has 10/10. Current medications include buprenorphine, ketamine cream, and Protonix. The physical examination demonstrated an antalgic gait. Decreased sensation was noted at the right L2 and L1 dermatomes. There was also a positive left-sided straight leg raise test and spasms and guarding along the lumbar spine. Diagnostic imaging studies of the right hip were unremarkable. An MRI the lumbar spine dated November 3, 2010 reveals a disc bulge at L3 - L4 with ligamentum flavum hypertrophy and facet joint arthrosis. There are also small bulges at L5 - S1 and L2 - L3. Previous treatment includes oral medications. A request had been made for ketamine cream, baclofen, and Protonix and was not certified in the pre-authorization process on June 26, 2014..

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine %5 Cream 60 GM., QTY: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): Pages: 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56.

Decision rationale: The California MTUS Guidelines do not recommend Ketamine as there is insufficient evidence to support its use for the treatment of chronic pain. As such, this request for ketamine 5% cream is not considered medically necessary.

Baclofen 10 mg. tablets, QTY: 600: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): Pages: 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants (for pain) Page(s): 63, 64.

Decision rationale: Baclofen is recommended for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain (trigeminal neuralgia). It is also noted that the efficacy diminishes over time. Therefore, when noting that there is no objectification of a spinal cord injury or spasticity related to muscle spasm there is no functional benefit with the use of this medication. According, this request for baclofen is not medically necessary.

Protonix 20 mg. tablets, QTY: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): Page: 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: Protonix (Pantoprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing high doses of non-steroidal anti-inflammatory medications. CA MTUS 2009 Chronic Pain Treatment Guidelines recommend proton pump inhibitors for patients taking NSAID's with documented GI distress symptom. The record provided does not note a G.I. disorder, nor is there documentation of long-term use of an NSAID considered to be a 'high dose NSAID' as defined by the American college of gastroenterology. Therefore, this request for Protonix is not medically necessary.