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| <b>Case Number:</b>   | CM14-0123533 |                              |            |
| <b>Date Assigned:</b> | 09/16/2014   | <b>Date of Injury:</b>       | 09/10/2010 |
| <b>Decision Date:</b> | 10/22/2014   | <b>UR Denial Date:</b>       | 07/01/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/04/2014 |

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 55-year-old male with a reported an injury on 09/10/2010. The mechanism of injury was a fall from a ladder. The injured worker's diagnoses included pain in the left knee status post left knee arthroscopy, sciatica, and disorders of the sacrum. The injured worker's past medical treatments included medications, a home exercise program, TENS Units for the knee and back, crutches, and steroid injections. No pertinent diagnostic testing results were provided. The injured worker's surgical history included 2 right knee surgeries and 1 left knee surgery, unspecified. The injured worker was evaluated on 07/02/2014 for chronic low back pain and bilateral knee pain. The injured worker reported that he was able to exercise better and walk a little more with the use of Norco. The injured worker continued to complain of depression and had increased his venlafaxine to twice per day. The clinician observed and reported a focused examination of the left knee which revealed tenderness to palpation over the medial portion of the left knee. There was no evidence of erythema or swelling. The well healed scars from what appeared to be an arthroscopic surgery were noted. Range of motion of the left knee was decreased by 20% with flexion. The anterior/posterior drawer test and lateral/medial collateral ligament tests were generally negative. Patient did have a significant amount of guarding when performing these tests. Mild crepitus and grinding were palpated with range of motion of the left knee. A focused lumbar exam revealed significant tenderness to palpation at the lumbosacral junction. Range of motion of the lumbar spine was decreased by 40% with flexion, 60% with extension, and 40% with rotation bilaterally. Sensations were decreased to light touch along the right lower extremity when compared to the left lower extremity. Generalized weakness to the lower extremities was noted, right greater than left. The injured worker's medications included venlafaxine ER 37.5 mg twice per day, Norco 10/325 mg half a tablet 4 times per day as needed for pain, capsaicin 0.075% cream apply to affected area 3 times

per day, ketamine 5% cream 60 grams apply to affected area 3 times per day, and pantoprazole 20 mg 1 to 2 tablets daily for stomach. The requests were for ketamine 5% cream #60 grams and pantoprazole 20 mg #60. The rationale for these requests were for the treatment of chronic pain, psychogenic, pain in joint of lower leg status post left knee arthroscopy, disorders of the sacrum, and sciatica. The Request for Authorization form was submitted on 06/02/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ketamine 5% cream #60 grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine. Decision based on Non-MTUS Citation ODG, Topical Ketamine; <http://ncbi.nlm.nih.gov/pubmed/15101968>

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

**Decision rationale:** The request for ketamine 5% cream #60 grams is not medically necessary. The injured worker continued to complain of low back and bilateral knee pain. The California MTUS Chronic Pain Guidelines do recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Specifically regarding ketamine, it is only recommended for the treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. The injured worker's current medications did include a new antidepressant but there is no indication of previous trial and failure of antiepileptic drugs. Additionally, the request did not include the site for application or an amount of application. Therefore, the request for ketamine 5% cream #60 grams is not medically necessary.

**Pantoprazole 20 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation ODG, Proton pump inhibitors

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The request for pantoprazole 20 mg #60 is not medically necessary. The injured worker continued to complain of back and bilateral knee pain. The California MTUS Chronic Pain Guidelines recommend proton pump inhibitors only in patients who are concurrently taking nonsteroidal anti-inflammatories and have an intermediate to high risk for gastrointestinal events. The documentation provided did not indicate that the injured worker was taking non-steroidal anti-inflammatory drugs. Additionally, the request did not include a frequency of dosing. Therefore, the request for pantoprazole 20 mg #60 is not medically necessary.

