

<b>Case Number:</b>	CM14-0139993		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	04/16/1996
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 Family Practice 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 47 yr. old male claimant sustained a work injury on 04/16/1996 involving the low back. He was diagnosed with chronic back pain and lumbar disc displacement. A progress note on 6/13/14 noted that the claimant had continued back pain. His pain level was 2/10 with medication and 9/10 without fentanyl patches. Exam findings were notable for lumbar spasms and guarding. Neurological exam was unremarkable. He was continued on topical Lidoderm patches, topical Ketamine 5% cream and Fentanyl patches 75 mcg q 2days. He had been on this pain medication regimen for over 7 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Prescription for Ketamine 5% cream, #60gm: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants

have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Ketamine is under study and is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Based on long-term use and insufficient clinical evidence for chronic back pain, topical Ketamine is not medically necessary.

**1 prescription for Fentanyl 75mcg/hr patch, #15:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic, Fentanyl Page(s): 44, 47.

**Decision rationale:** According to the MTUS guidelines, Fentanyl patches are not recommended as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. There is no documentation of failure of other opioids or analgesics. In addition, Fentanyl is 80 times more potent than morphine. Continued use of Fentanyl patches is not medically necessary.