

Case Number:	CM14-0146337		
Date Assigned:	09/12/2014	Date of Injury:	02/05/2005
Decision Date:	10/15/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/09/2014

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 Medicine 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 patient is a 46-year-old male who has submitted a claim for lumbar disc displacement without myelopathy associated with an industrial injury date of 2/5/2005. Medical records from 3/19/2014 up to 8/6/2014 were reviewed showing low back pain and radicular pain in the lower extremities. He continues to have 8/10 in his lower back with radicular symptoms radiating into his left lateral thigh, lateral lower leg, and lateral 3 toes, characterized as burning sharp pain. He complains of difficulty walking and sleeping due to pain. He states that Ketamine cream has helped reduce his pain by 15-20%. It numbs the pain and helps him sleep because it decreases the throbbing and burning sensation in his lower left extremity. He is able to perform his activities of daily living (ADLs) with the medication. Patient also states that Nabumetone helps reduce his lower back pain and left lower extremity symptoms. He states that without this medication, it would be difficult for him to perform his ADLs. He also stated that this medication works better for him than Tramadol. Physical examination revealed normal muscle tone without atrophy and muscle strength of 5/5 in all extremities. Treatment to date has included Ketamine 5%, Nabumetone 500mg, Diclofenac, Orphenadrine, Advair, Aspirin, Clozapine, Metformin, Simvastatin, Benazepril, Dexilant, Docusate, Bupropion, Albuterol, and HEP. Utilization review from 8/11/2014 denied the request for Retrospective request for Ketamine 5% 6 gm, DOS 8/6/14 and Retrospective request for Nabumetone-Relafen 500 mg # 90, DOS 8/6/14. As for Ketamine, there was no improvement in pain and function with the use of this medication, as well as no evidence of failed trials of antidepressants and anticonvulsants. As for Nabumetone-Relafen, there is no objective functional improvement that supports the subjective benefit noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Ketamine 5% 6 gm, DOS 8/6/14: 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): 111-113.

Decision rationale: According to pages 111-113 of CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Ketamine is under study and only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia and both have shown encouraging results. The exact mechanism of action remains undetermined. In this case, the patient has been using this medication since at least 3/19/2014. He continues to have 8/10 in his lower back with radicular symptoms radiating into his left lateral thigh, lateral lower leg, and lateral 3 toes, characterized as burning sharp pain. His findings are consistent with neuropathic pain. He states that Ketamine cream has helped reduce his pain by 15-20%. It numbs the pain and helps him sleep because it decreases the throbbing and burning sensation in his lower left extremity. He is able to perform his ADLs with the medication. However, there was no documentation of first and second line treatments being exhausted prior to the use of Ketamine. Therefore, the retrospective request for Ketamine 5% 6 gm, DOS 8/6/14 is not medically necessary.

Retrospective request for Nabumetone-Relafen 500 mg # 90, DOS 8/6/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (nonsteroidal anti-inflammatory drugs) ; Nabumetone (Relafen, generic available) Page(s).

Decision rationale: As stated on pages 67-68 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended in patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The lowest effective dose of nabumetone should be sought for each patient. Its use for moderate pain is off-label. In this case, the patient has been using this medication since 4/15/2014 with reduction in pain and functional improvement. Patient states that Nabumetone helps reduce his lower back pain and left lower extremity symptoms. He states that without this medication, it would be difficult for him to perform his ADLs. He also stated that this medication works better for him than Tramadol. However, there is no evidence of long-term effectiveness of NSAIDs. This patient has been on this medication since 4/2014. Therefore, the Retrospective request for Nabumetone-Relafen 500 mg # 90, DOS 8/6/14 is not medically necessary.

