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| Case Number: | CM14-0149141 | | |
| Date Assigned: | 09/18/2014 | Date of Injury: | 03/16/2006 |
| Decision Date: | 10/17/2014 | UR Denial Date: | 08/15/2014 |
| Priority: | Standard | Application Received: | 09/15/2014 |

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 67 year old female who was injured on 3/16/2006. The diagnoses are low back pain and bilateral knees pain. On 7/23/2014, [REDACTED] noted subjective complaints of bilateral knee and low back pain radiating down the legs. The pain score is 7/10 on a scale of 0 to 10. The pain is made worse by weather changes and exercise. There was decreased range of motion of the lumbar spine and bilateral knees. The patient has antalgic gait and uses a cane to ambulate. The medications are Gabapentin, Tramadol, Nabumetone and Ketamine cream for pain. The patient reported significant decrease in pain and increased function with the utilization of the medications. She does a home exercise program and also participates in bowling. A Utilization Review determination was rendered on 8/15/2014 recommending non certification for retrospective Tramadol/APAP 37.5/325mg #90, Gabapentin 600mg #60 and Ketamine 0.05% cream 60gm #2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol/APAP 37.5/325mg: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96, 111, 113, 119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The California MTUS and the ODG guidelines recommend that opioids can be utilized for maintenance treatment of chronic musculoskeletal pain when PT, non opioid and surgical options have been exhausted. The use of Tramadol is associated with less opioid induced complications. The records indicate that the patient have completed conservative management options. The patient reported increase in physical function and decrease in pain with the utilization of the medications. Therefore the request is medically necessary.

Gabapentin Tablets 60mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anticonvulsants Page(s): 16-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The California MTUS and the ODG guidelines recommend that anticonvulsants can be used as a first line medication in the treatment of neuropathic pain. It was noted that Gabapentin is also effective for non-neuropathic pain. The records indicate that the patient is diagnoses with lumbar radiculopathy and knees pain. The patient reported significant pain relief with improved physical function with utilization of the medications. There are no reported side effects. The criterion for the use of Gabapentin 600mg #60 was met. Therefore the request is medically necessary.

Ketamine 5% Cream 60Grams #2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesic preparations Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The California MTUS and the ODG guidelines recommend that topical analgesic preparations can be utilized in the treatment of localized neuropathic pain when anticonvulsant and antidepressant medications cannot be utilized or have failed. The records did not indicate that the patient have failed treatment with anticonvulsant and antidepressant. The diagnoses are low back and knee pain not localized neuropathic pain. There is lack of guideline or FDA support for the routine use of topical Ketamine cream in the treatment of musculoskeletal pain. The criterion for the use of Ketamine 5% cream 60gm #2 was not met.