MAXIMUS Federal Services

Case Number:	CM14-0183471		
Date Assigned:	11/10/2014	Date of Injury:	04/11/1997
Decision Date:	12/12/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/04/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 65-year-old male who reported an injury on 04/11/1997 due to an unknown mechanism. Diagnoses were long term use meds, pain in joint, shoulder, cervical disc displacement without myelopathy, lumbar disc displacement without myelopathy, and causalgia lower limb. Past treatments were physical therapy, medications, and acupuncture. The injured worker had an MRI of the cervical spine on 01/24/2002 that revealed a left C3-4 posterior lateral disc protrusion with osteophytes at multiple levels and disc bulges at other levels. MRI of the lumbar spine that was done in the late 1990s, revealed multiple lumbosacral degenerative disc, most prominent at L5-S1 disc space, and also right L5 neural foraminal stenosis. Surgical history revealed that the injured worker had surgery on his right thumb, left knee, right foot, right ankle, left shoulder, and neck surgery. The injured worker also had hernia repair. Physical examination, dated 11/10/2014, revealed complaints of neck pain, low back, left knee, and right ankle pain. The injured worker continued to report left knee pain that was a 5/10 on the VAS. The injured worker stated that increased activity level, such as prolonged walking or standing, aggravated the knee. The injured worker reported that medications continued to help reduce the pain and allow for better function. The ketamine cream was used for local relief of neck pain and left upper extremity and low back pain, and left lower extremity neuropathic pain. The injured worker reported that it did help with the pain and function. The injured worker reports 10% reduction in pain with the medications and is able to exercise better. Examination revealed the injured worker's gait was antalgic. Examination of the right ankle revealed a well healed surgical incision. There was allodynia on the skin around the ankle. Medications were Percocet 5/325 mg, Flector 1.3% patch, Docusate Sodium 100 mg capsule, Ambien CR 12.5 mg, and Ketamine 5% cream. Treatment plan was for surgical consultation of the left knee. It was

reported that the injured worker was status post left knee surgery, which the pain was worsening despite conservative treatment. The Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical Consultation with [redacted]: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visit

Decision rationale: The decision for surgical consultation with [redacted] is not medically necessary. The Official Disability Guidelines recommend office visits for proper diagnosis and return to function of an injured worker. The need of a clinical office visit with a healthcare provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As patient's conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with the eventual patient independence from the health care system self care as soon as clinically feasible. Physical examination, dated 11/10/2014, did not reveal an examination of the injured worker's left knee. Furthermore, the request does not indicate what the surgical consultation is for, such as the knee, cervical spine, or lumbar spine. The clinical documentation submitted for review does not provide evidence that the injured worker needs a surgical consultation. Therefore, this request is not medically necessary.

Percocet 5/325mg, quantity 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 78.

Decision rationale: The decision for Percocet 5/325mg, quantity 90 is not medically necessary. The California MTUS Guidelines recommend providing ongoing education on both the benefits and limitations of opioid treatment. The guidelines recommend the lowest possible dose should be prescribed to improve pain and function, and they also recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The pain assessment should include, current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The

provided medical documentation lacks evidence of the injured worker's failure to respond to nonopioid analgesics. The documentation lacks evidence of aberrant drug behaviors, also the request does not indicate a frequency for the medication. There were no other significant factors provided to justify a decision for Percocet 5/325 mg quantity 90. Therefore, this request is not medically necessary.

Ketamine 5% cream 60 gram: 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; Ketamine Page(s): 111; 113.

Decision rationale: The decision for ketamine 5% cream 60 gram is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are 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. Ketamine is understudy and is only recommended in treatment of neuropathic pain, which is refractory to all primary and secondary treatment. The guidelines do not recommend compounded topical analgesics. It was not reported that the injured worker had neuropathic pain. Furthermore, the request does not indicate a frequency for the medication. Continued use of this medication would not be supported. Therefore, this request is not medically necessary.