

<b>Case Number:</b>	CM14-0213141		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	02/05/2005
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 with an injury date of 02/05/05. Based on the 08/06/14 progress report, the patient complains of lower back pain with radicular symptoms in his left lateral thigh, lateral lower leg, and lateral 3 toes. He rates his pain as an 8/10. He describes his radicular pain as sharp burning pain and has difficulty walking. He also has problems sleeping on his left side due to pain. The 08/14/14 report indicates that the patient has numbness, anxiety, and depression. No additional positive exam findings are provided on this report. The 09/03/14 report states that the patient has cramping/spasms in his left foot. In addition, he now has suicidal thoughts. The patient's diagnoses include the following:Lumbar disc displacement without myelopathy The utilization review determination being challenged is dated 11/26/14. Treatment reports are provided from 03/19/14- 09/03/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketamine 5% 60gm, dispensed on 09/03/14:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine Page(s): 56, 113.

**Decision rationale:** The patient presents with lower back pain with radicular symptoms in his left lateral thigh, lateral lower leg, and lateral 3 toes. The request is for Ketamine 5% 60 gm, dispensed on 09/03/14 for nerve pain. The utilization review denial rationale is that there is "no evidence of failed trials of antidepressants and anticonvulsants." The patient has been taking Ketamine as early as 03/19/14. MTUS Guidelines page 56, Chronic Pain Medical Treatment Guidelines for ketamine states, "Not recommended. There is insufficient evidence to support the use of ketamine for the treatment of chronic pain." MTUS page 113 also has the following regarding ketamine, "Under study: 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 1 and post-herpetic neuralgia, and both have shown encouraging results." In this case, the patient has not been diagnosed with CRPS or post-herpetic neuralgia, and ketamine has not been shown in any studies to provide functional improvement for other neuropathic pain. The requested Ketamine is not medically necessary.

**Nabumetone-Relafen 500mg quantity 90, dispensed on 09/03/14:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medication Medication for chronic pain Page(s): 22; 60-61.

**Decision rationale:** The patient presents with lower back pain with radicular symptoms in his left lateral thigh, lateral lower leg, and lateral 3 toes. The request is for Nabumetone- Relafen 500 mg quantity 90, dispensed on 09/03/14 for pain relief. The utilization review denial rationale is that there is "no evidence of objective functional benefit that supports the subjective claims." The patient has been taking Nabumetone as early as 04/23/14. MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The 08/06/14 report states that Nabumetone "helps to reduce his lower back pain and left lower extremity symptoms, making it more tolerable. He states that the nabumetone works for him much better than tramadol has worked for him in the past. He states without this medication [it] would be difficult for him to perform his activities of daily living." The 09/03/14 report indicates that "nabumetone helps to decrease his back and left leg pain by 30% and he can sit, stand, and walk for longer periods of time with use of his medication. He states that he can do his activities of daily living more easily such as bathing, dressing, and fixing meals for himself. He denies any side effects." Given that the treater has noted medication efficacy in relation to Nabumetone use, the request is medically necessary.

