MAXIMUS Federal Services

Case Number:	CM14-0214045		
Date Assigned:	12/31/2014	Date of Injury:	03/27/2007
Decision Date:	02/25/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/22/2014

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: New Jersey, New York
Certification(s)/Specialty: Family Practice

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 49-year-old female who was injured on 3/27/07.X-rays of the lumbar spine showed increased lumbar lordosis and minor degenerative changes at L2-3. On exam, she had tenderness over the facet joints in the lumbar spine, decreased range of motion, positive axial loading of the lumbar facet joints, decreased sensation of the left lateral calf, and decreased strength on the left with dorsiflexion. She was diagnosed with lumbar disc degeneration, cervical disc displacement, major depression, psychogenic pain, lumbar disc displacement, sciatica and disorder of the sacrum. She had L2-L5 facet nerve blocks, lumbar facet injection. She had radiofrequency ablation of bilateral L2-L5 facet nerves. The patient had physical therapy, acupuncture, home exercise program, injections, and was treated with narcotics and anti-inflammatories, but developed gastritis. The gastritis was not relieved by omeprazole. She had an evaluation by a functional restoration program. The current request is for diclofenac cream, ketamine cream, protonix, and doxepin cream which was denied by utilization review on 11/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac sodium 1.5% 60 grams #1 (prescribed 10-29-14): Upheld

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

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

Decision rationale: The request is not medically necessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. The efficacy of topical NSAIDs is inconsistent in clinical trials. Effect seems to diminish after two weeks of treatment. It may be useful for chronic musculoskeletal pain but there are no long-term studies of its effectiveness or safety. Topical NSAIDs are not recommended for spinal conditions. Therefore, the request is considered not medically necessary.

Ketamine 5% cream 60 grams #1 (prescribed 10-29-14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The request for Ketamine cream is not medically necessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. According to MTUS guidelines, the use of topical ketamine is under study. It is only recommended for "treatment of neuropathic pain in refractory cases in which primary and secondary treatment has been exhausted." It has only been studied in patients with CRPS I and post-herpetic neuralgia which the patient does not have. Therefore, the request is considered not medically necessary.

Pantoprozole-protonix 20mg #60 (prescribed 10-29-14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI symptoms, cardiovascular risk.

Decision rationale: The request for Protonix is not medically necessary. The patient was unable to tolerate oral NSAIDs so it was discontinued. She was treated with Omeprazole which did not help symptoms. The patient has been on Protonix and does have GI risk factors, or history of GI disease. There is not need to continue Protonix long-term. Long term PPI use carries many risks and should be avoided. Therefore, this request Is not medically necessary.

Doxepin 3.3% cream 60 grams #1 (prescribed 10-29-14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The request is not medically necessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. Doxepin is a tricyclic antidepressant and there are no specific MTUS or ODG guidelines for its use. Therefore, the request is considered not medically necessary.