

Case Number:	CM14-0218975		
Date Assigned:	01/09/2015	Date of Injury:	04/21/2008
Decision Date:	03/10/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	12/31/2014

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 York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

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 was a 41 year old male, who suffered an industrial injury, on April 21, 2008. The injury occurred when the injured worker was carrying a load of boxes tripped over a machine fell, injuring the left hip and back on the floor. X-rays were taken and were negative for fractures. The injured worker was diagnosed with chronic back, hip and shoulder pain. The injured worker underwent left hip arthroplasty October 9, 2012. After surgery had physical therapy, lumbar epidural injections and taking oral medications for pain. According to the progress note of January 14, 2015 the pain medication and relaxants decrease the injured pain by 50 % and the injured worker was able to sleep at night. The primary provider requested prescriptions for Pantoprazole, cyclobenzaprine, Capsaicin cream and ketamine cream and surgical consultation, due to continuing back and left hip pain. On December 23, 2014 the UR denied authorization for prescriptions for Pantoprazole, cyclobenzaprine, Capsaicin cream and ketamine cream and surgical consultation. Pantoprazole was denied due to the MTUS guidelines for Chronic Pain, no clear reason for use. Cyclobenzaprine was denied on the MTUS guidelines for Chronic Pain use with caution as a secondary line option for short term treatment for acute exacerbations in injured workers with chronic low back pain. Capsaicin cream was denied based on the MTUS guidelines for Chronic Pain for patients who do not respond or are intolerant of other medications. Ketamine cream was denied on the basis of the MTUS guidelines for Chronic Pain that ketamine was not recommended for neuropathic pain. The surgical consultation bases on the MTUS guidelines for consultations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole-Protonix 20mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 68.

Decision rationale: Protonix is pantoprazole, a proton pump inhibitor (PPI). PPI's are used in the treatment of peptic ulcer disease and may be prescribed in patients who are using non-steroidal anti-inflammatory drugs and are at high risk for gastrointestinal events. Risk factors for high-risk events are age greater than 65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The patient in this case was not using NSAID medication and did not have any of the risk factors for a gastrointestinal event. The request should not be authorized.

Cyclobenzaprine-Flexeril 7.5mg, QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 63.

Decision rationale: Flexeril is the muscle relaxant, cyclobenzaprine. Cyclobenzaprine is recommended as an option, for a short course of therapy. It has been found to be more effective than placebo with greater adverse side effects. Its greatest effect is in the first 4 days. Treatment should be brief. Non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment (less than two weeks) of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. In this case the patient has been using muscle relaxant medication since at least October 2014. The quantity of medication requested is for duration of at least one month. The duration of treatment surpasses the recommended short-term duration of two weeks. The request should not be authorized.

Ketamine 5% cream, 60gr: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 56.

Decision rationale: Ketamine is not recommended. Ketamine is an anesthetic in animals and humans, and also a drug of abuse in humans, but ketamine may offer a promising therapeutic option in the treatment of appropriately selected patients with intractable CRPS. More study is needed to further establish the safety and efficacy of this drug. There is insufficient evidence to support the use of ketamine for the treatment of chronic pain. It is not recommended as a topical preparation. The request should not be authorized.

Capsaicin 0.075% cream 60gr: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 113.

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

Decision rationale: Capsaicin is a topical analgesic. Capsaicin is recommended only as an option in patients who have not responded or cannot tolerate other treatments. It is recommended for osteoarthritis, fibromyalgia, and chronic non-specific back pain and is considered experimental in high doses. Capsaicin 0.075% has been primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain. In this case the patient is experiencing persistent pain despite multiple therapies. The patient has been using capsaicin since at least October 2014 and has not obtained analgesia. There is no documentation of benefit from the medication. The request should not be authorized.

Surgical consultation with [REDACTED] for lumbar spine surgical option: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: Referral for surgical consideration is indicated for patient who have 1) severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise, 2) activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, 3) clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair or 4) failure of conservative treatment to resolve disabling radicular symptom. In this case there is

no documentation of radicular symptoms or focal weakness/numbness in the lower extremities. There is no corroborative imaging studies showing a lesion that will benefit from surgical intervention. The previous consult note from [REDACTED] is not available for review. Medical necessity has not been established. The request should not be authorized.