

<b>Case Number:</b>	CM14-0219143		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	12/31/2006
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: California, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 41 year old female, who sustained an industrial injury on 12/31/2006. The current diagnoses are carpal tunnel - status post carpal tunnel release, shoulder pain - status post left shoulder surgery (2009), internal derangement of the knee, and lateral epicondylitis, bilaterally. Currently, the injured worker complains of bilateral upper extremity and left knee pain. There was an increase in right elbow pain, 8/10 on a subjective pain scale. Treatment to date has included medications, activity modification, physical therapy, steroid injections, TENS unit, acupuncture, and surgery. The treating physician is requesting Ketamine 5% cream and Pantoprazole-protonix 20mg #60, which is now under review. On 12/2/2014, Utilization Review had non-certified a request for Ketamine 5% cream and Pantoprazole-protonix 20mg #60. The California MTUS Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketamine 5 % cream 60gr # 1:** Upheld

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

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

**Decision rationale:** The patient presents with bilateral upper extremity, shoulder and left knee pain. The current request is for ketamine 5% cream, 60 gr #1. The treating physician states that her oral medications are helping with the pain. She has had increased pain in the right upper extremity, especially in the right elbow. Regarding Ketamine 5% cream the MTUS Guidelines page 111 on topical analgesics states that it is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Furthermore, under ketamine, MTUS states that it is currently under study. It is only recommended for treatment of neuropathic pain and refractory cases in which all primary and secondary treatment have been exhausted. In this case, the treating physician has prescribed several oral medications and patient reports having relief of her symptoms. No documentation has been provided that the patient has undergone a trial of antidepressants or anticonvulsants. The need for additional pain control with a topical analgesic has not been established. The current request is not medically necessary and the recommendation is for denial.

**Pantoprazole-protonix 20mg # 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The patient presents with bilateral upper extremity, shoulder and left knee pain. The treating physician states that her oral medications are helping with the pain. She has had increased pain in the right upper extremity, especially in the right elbow. Regarding pantoprazole-Protonix 20 mg #60 the MTUS guidelines state that PPIs can be recommended for those patients at risk for gastrointestinal events. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions. The patient currently is not on NSAID therapy and there is no documentation that the patient is at risk for GI events. In this case, the treating physician has not established the need for a PPI for this patient. The current request is not medically necessary and the recommendation is for denial.