MAXIMUS Federal Services

Case Number:	CM15-0013159		
Date Assigned:	01/30/2015	Date of Injury:	02/05/2005
Decision Date:	03/26/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/22/2015

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 & 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 47 year old male, who sustained an industrial injury on 02/05/2005. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include lumbar disc displacement without myelopathy. Treatment to date has included lumbar epidural steroid injection, lumbar magnetic resonance imaging, medication regimen, and use of a transcutaneous electrical nerve stimulation unit. In a progress note dated 09/03/2014 cramping and spasms in the left foot, but also notes 50% improvement post epidural injection. The treating physician requested Ketamine for application to the left leg noting that it reduces the throbbing and burning sensation. The treating physician requested Nabumetone noting a decrease in back and left leg pain secondary to use of this medication. On 01/06/2015 Utilization Review non-certified the requested treatments Ketamine 5% 60gm with a quantity of 1 and Nabumetone-Relafen 500mg with a quantity of 90 with the date of service of 09/03/2014, noting the Medical Treatment Utilization Schedule, Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Ketamine 5% 60 mg #1 with a dos of 9/3/2014: Upheld

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

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

Decision rationale: The 47 year old patient presents with low back pain along with cramps in left leg and three toes, as per progress report dated 12/10/14. The request is for RETROSPECTIVE REQUEST FOR KETAMINE 5% 60 mg # 1 WITH A DOS OF 09/03/14. The RFA for this case is dated 12/31/14, and the patient's date of injury is 02/05/05. The patient has been diagnosed with lumbar disc displacement, as per progress report dated 12/10/14. Medications included Ketamine cream, Nabumetone, Orphenadrine, Advair, Aspirin, Clozapine, Metformin, Simvastatin, Benazepril, Dexilant, Docusate, Bupropion and Albuterol. Then patient's work status has been documented as permanent and stationary, as per the same progress report. MTUS Topical Analgesics guidelines pages 111 and 112 has the following regarding topical creams, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." "There is little to no research to support the use of many of these agents." Topical NSAIDs are indicated for peripheral joint arthritis/tendinitis. In this case, Ketamine cream has been prescribed consistently at least since 07/09/14. In progress report dated 12/10/14, the treater states Ketamine cream helps reduce the throbbing and burning sensation in the left leg by 15-20%. The patient reports less itching and better sleep. In the UR appeal letter dated 12/22/14, the treater states that the patient is using the cream for neuropathic pain. "Ketamine cream does help him with pain reduction and allows greater function. He is tolerating it generally well without any side effects." The treater also states that the patient has not benefited from conservative therapy and has side effects due to oral medications. MTUS guidelines, however, recommend topical NSAIDs only for peripheral joint arthritis/tendinitis and not for neuropathic pain. Hence, the request IS NOT medically necessary.

Retrospective request for Nabumetone-Relafen 500 mg #90 with a dos of 9/3/2014: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: The 47 year old patient presents with low back pain along with cramps in left leg and three toes, as per progress report dated 12/10/14. The request is for RETROSPECTIVE REQUEST FOR NABUMETONE-RELAFEN 500 mg # 90 WITH A DOS OF 09/03/14. The RFA for this case is dated 12/31/14, and the patient's date of injury is 02/05/05. The patient has been diagnosed with lumbar disc displacement, as per progress report dated 12/10/14. Medications included Ketamine cream, Nabumetone, Orphenadrine, Advair,

Aspirin, Clozapine, Metformin, Simvastatin, Benazepril, Dexilant, Docusate, Bupropion and Albuterol. Then patient's work status has been documented as permanent and stationary, as per the same progress report. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, a prescription for Nabumetone-Relafen is noted consistently in all progress reports since 07/09/14. In progress report dated 12/10/14, the treater states themedication helps manage pain in axial back and left leg. Without the Nabumetone-Relafen, the patient has more stiffness and cramping. The ability to walk reduced from 4 blocks to 2 blocks. Other activities of daily living got impacted as well. In the UR appeal letter dated 12/22/14, the treater states that the Nabumetone-Relafen is used for "anti-inflammation and pain relief." Given impact of the NSAID on the patient's pain and function, this request IS medically necessary.