

Case Number:	CM15-0017752		
Date Assigned:	02/05/2015	Date of Injury:	04/21/2008
Decision Date:	04/14/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	01/30/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 40 year old male who sustained an industrial related injury on 4/21/08. The injured worker had complaints of chronic low back pain. Medications included Gabapentin, Capsaicin cream, Ketamine cream, Mirtazapine, Seroquel, Naratriptan, Flexeril, and Hydrocodone. Ketamine cream was being used for relief of back pain which was noted to help him sleep. Without the cream the injured worker was only able to sleep 1-2 hours per night. Diagnoses included lumbar region sprain/strain, headache, left hip strain/hip flexor strain, and left greater trochanteric bursitis. The treating physician requested authorization for Ketamine 5% and Hydrocodone-APAP 10/325mg #120. On 1/23/15 the requests were non-certified. Regarding Ketamine, the utilization review (UR) physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines and noted Ketamine cream is recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. This was not documented in the medical records; therefore the request was non-certified. Regarding Hydrocodone, the UR physician cited the MTUS guidelines and noted the guideline criteria for opioid use were not satisfied. There was no documentation of side effects, aberrant behavior, or a urine drug tests. Therefore, the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 5% cream 60gr: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 38, 56 of 127.

Decision rationale: The California MTUS does not recommend the usage of topical ketamine except as a tertiary treatment. While there may be some potential usage for treating individuals with CRPS, the injured employee does not have this diagnosis. There is also concern for side effects of this medication. For these reasons, this request for ketamine 5% cream is not certified.

Hydrocodone/APAP 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 75-78, 88, 91 of 127.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals incomplete documentation to support the medical necessity of hydrocodone/APAP 10/325 mg nor any documentation addressing all of the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.