

Case Number:	CM15-0116292		
Date Assigned:	06/24/2015	Date of Injury:	02/24/2005
Decision Date:	07/24/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/16/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 48-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury February 24, 2005. In a Utilization Review report dated June 9, 2015, the claims administrator denied a ketamine containing topical compounded cream, approved naproxen, and partially approved or conditionally approved gabapentin for weaning or tapering purposes. The claims administrator referenced a June 2, 2015 RFA form and progress note of April 22, 2015 in its determination. On April 22, 2015, it was acknowledged that the applicant was not working. Ongoing complaints of low back pain radiating to left leg were reported. The applicant was apparently given refills of a ketamine containing cream, naproxen, Neurontin, and Protonix. A rather proscriptive 10-pound lifting limitation was renewed. The attending provider maintained that previously performed epidural steroid injection therapy and chiropractic manipulative therapy had proven beneficial. The attending provider noted that activities of daily living such as bending and lifting remained problematic. Little-to-no discussion of medication efficacy transpired, although the attending provider went on to refill several medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 5% cream 60gm #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine Page(s): 113.

Decision rationale: No, the request for a ketamine containing topical compounded cream was not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, topical ketamine is deemed under study and only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatments have been exhausted. Here, however, the applicant's ongoing usage of first-line oral pharmaceuticals to include oral naproxen effectively obviated the need for the ketamine containing topical compounded agent in question. Therefore, the request was not medically necessary.

Gabapentin 600mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone TM, generic available) Page(s): 19.

Decision rationale: Similarly, the request for gabapentin, an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants on gabapentin should be asked at each visit as to whether there have been improvements in pain and/or function achieved as a result of the same. Here, however, it did not appear that ongoing usage of gabapentin was proving significantly profitable here. Ongoing usage of gabapentin failed to curtail the applicant's dependence on other forms of medical treatment, including topical agents such as ketamine, oral pharmaceuticals such as naproxen, and/or epidural steroid injection therapy, all of which were sought on the date in question, April 22, 2015. On that date, the applicant's permanent work restrictions were renewed. The applicant's was not working with said limitations in place, it was acknowledged. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of gabapentin (Neurontin). Therefore, the request was not medically necessary.