

Case Number:	CM15-0118176		
Date Assigned:	06/26/2015	Date of Injury:	10/05/2008
Decision Date:	08/24/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/18/2015

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 62 year old male, who sustained an industrial injury on 10/05/2008. The injured worker was diagnosed as having chronic pain syndrome, major depressive affective disorder, recurrent episode, and unspecified and congenital pes planus. Treatment to date has included diagnostics, lumbar spinal surgery in 2008, right foot surgery in 2009, physical therapy, acupuncture, mental health treatment, and medications. Per the progress report dated 2/05/2015, the injured worker complained of chronic low back and right foot pain. He reported pain as worsening and reported a flare of back pain a few weeks prior, currently resolved. He reported that he did not receive Fentanyl, which was allowing him better function and reduced pain. He also reported depression and occasional alcohol use. He was ambulatory with the use of a single crutch. Exam of the right foot and ankle showed tenderness to palpation over the dorsal aspect, mild swelling over the medial aspect of the right ankle, and difficult range of motion due to guarding and pain. Current medications were documented as Fentanyl (discontinued), Ketamine 5% cream, Ambien, Nabumetone, Wellbutrin, Docusate, Gabapentin, Arnica tincture, and vitamins. The use of Ketamine cream (neuropathic foot pain), Nabumetone (inflammation), Docusate (constipation), and Wellbutrin (depression) was noted since at least 5/2014. The current treatment plan included continuation of his medications. Urine toxicology was referenced but not submitted for review. His work status was permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 5% cream 60gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine Topical analgesic Page(s): 56, 113.

Decision rationale: This patient presents with chronic low back and right foot pain. The current request is for Ketamine 5% cream 60gm. The RFA is dated 05/19/15. Treatment to date has included diagnostics, lumbar spinal surgery in 2008, right foot surgery in 2009, physical therapy, acupuncture, mental health treatment, and medications. The patient is permanent and stationary, with permanent disabilities. MTUS Guidelines page 56, chronic pain medical treatment guidelines for ketamine states, "Not recommended. There is insufficient evidence to support the use of ketamine for the treatment of chronic pain." MTUS page 113 also has the following regarding ketamine, "Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatments have been exhausted. Topical ketamine has only been studied for use in non-controlled studies for CRPS 1 and post-herpetic neuralgia, and both have shown encouraging results." According to progress report 02/05/2015, the patient complained of chronic low back and right foot pain. He also reported depression and occasional alcohol use. Examination revealed he was ambulatory with the use of a single crutch, right foot and ankle showed tenderness to palpation over the dorsal aspect, mild swelling over the medial aspect of the right ankle was noted, and there was difficult range of motion due to guarding and pain. Current medications were documented as Fentanyl, Ketamine 5% cream, Ambien, Nabumetone, Wellbutrin, Docusate, Gabapentin, Arnica tincture, and vitamins. The patient has been prescribed Ketamine cream for neuropathic pain in his foot since at least 11/19/14. The MTUS guidelines recommend use of Ketamine for neuropathic pain in refractory cases when primary and secondary treatments have been exhausted and it is unclear if the patient has tried other primary treatments. In addition, the MTUS guidelines specifically state that topical Ketamine has only been studied for patients with CRPS and post-herpetic neuralgia, which this patient does not have. The request is not medically necessary.

Nabumetone Relafen 500mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

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

Decision rationale: This patient presents with chronic low back and right foot pain. The current request is for Nabumetone Relafen 500mg #90. The RFA is dated 05/19/15. Treatment to date has included diagnostics, lumbar spinal surgery in 2008, right foot surgery in 2009, physical therapy, acupuncture, mental health treatment, and medications. The patient is permanent and

stationary, with permanent disabilities. MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first line treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. According to progress report 02/05/2015, the patient complained of chronic low back and right foot pain. He also reported depression and occasional alcohol use. Examination revealed he was ambulatory with the use of a single crutch, right foot and ankle showed tenderness to palpation over the dorsal aspect, mild swelling over the medial aspect of the right ankle was noted, and there was difficult range of motion due to guarding and pain. Current medications were documented as Fentanyl, Ketamine 5% cream, Ambien, Nabumetone, Wellbutrin, Docusate, Gabapentin, Arnica tincture, and vitamins. The patient has been prescribed Nabumetone as an anti-inflammatory since at least 11/19/14. Although more recent reports provide no specific discussion regarding the efficacy of Relafen, report 06/17/14 does note that medications including Relafen provided pain relief and increased function. Given the conservative nature of this medication and documented analgesia, continued use is substantiated. The request is medically necessary.

Docusate Sodium 100mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic trial of Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Constipation Page(s): 77.

Decision rationale: This patient presents with chronic low back and right foot pain. The current request is for Docusate Sodium 100mg #60. The RFA is dated 05/19/15. Treatment to date has included diagnostics, lumbar spinal surgery in 2008, right foot surgery in 2009, physical therapy, acupuncture, mental health treatment, and medications. The patient is permanent and stationary, with permanent disabilities. Regarding constipation, MTUS Chronic Pain Medical Treatment Guidelines, page 77, states that prophylactic treatment of constipation should be initiated with therapeutic trial of opioids. It also states, "Opioid induced constipation is a common adverse side effect of long-term opioid use." According to progress report 02/05/2015, the patient complained of chronic low back and right foot pain. He also reported depression and occasional alcohol use. Examination revealed he was ambulatory with the use of a single crutch, right foot and ankle showed tenderness to palpation over the dorsal aspect, mild swelling over the medial aspect of the right ankle, and difficult range of motion due to guarding and pain. Current medications were documented as Fentanyl, Ketamine 5% cream, Ambien, Nabumetone, Wellbutrin, Docusate, Gabapentin, Arnica tincture, and vitamins. The patient has been prescribed Docusate sodium for constipation since at least 11/19/14. MTUS recognizes constipation as a common side effect of chronic opiate use. Given the patient's history of opiate use, the request is medically necessary.

Buprenorphine 0.1mg Sublingual #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for use of chronic pain Page(s): 26-27, 80-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine CRITERIA FOR USE OF OPIOIDS Page(s): 26-27, 76-78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Buprenorphine for opioid dependence.

Decision rationale: This patient presents with chronic low back and right foot pain. The current request is for Buprenorphine 0.1mg Sublingual #60. The RFA is dated 05/19/15. Treatment to date has included diagnostics, lumbar spinal surgery in 2008, right foot surgery in 2009, physical therapy, acupuncture, mental health treatment, and medications. The patient is permanent and stationary, with permanent disabilities. For Buprenorphine, MTUS pages 26-27 specifically recommends it for treatment of opiate addiction and also for chronic pain. ODG- TWC, Pain (Chronic) Chapter states: "Buprenorphine for opioid dependence: Recommended for selected patients for treatment of opioid dependence... Original studies investigate the use of buprenorphine for treatment of heroin addiction and research is still ongoing for use in populations with prescription drug abuse, or with comorbid dependency and chronic pain." "Buprenorphine for chronic pain: Recommended as an option for treatment of chronic pain (consensus based) in selected patients (not first-line for all patients). Suggested populations: (1) Patients with a hyperalgesic component to pain; (2) Patients with centrally mediated pain; (3) Patients with neurotic pain; (4) Patients at high-risk of non-adherence with standard opioid maintenance; (5) For analgesia in patients who have previously been detoxified from other high-dose opioids. Use for pain with formulations other than Butrans is off-label. Due to complexity of induction and treatment the drug should be reserved for use by clinicians with experience." The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. According to progress report 02/05/2015, the patient complained of chronic low back and right foot pain. He also reported depression and occasional alcohol use. Examination revealed he was ambulatory with the use of a single crutch, right foot and ankle showed tenderness to palpation over the dorsal aspect, mild swelling over the medial aspect of the right ankle was, and difficult range of motion due to guarding and pain. Current medications were documented as Fentanyl, Ketamine 5% cream, Ambien, Nabumetone, Wellbutrin, Docusate, Gabapentin, Arnica tincture, and vitamins. The patient reported persistent symptoms and the treater would like to switch from Fentanyl to Buprenorphine "to see if this will help better with his pain. He has not tried this medication in the past." The patient was instructed to discontinue Fentanyl. Given this patient's diagnosis and pain symptoms unresolved by Fentanyl, a trial of Buprenorphine appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.