MAXIMUS Federal Services

Case Number:	CM15-0119423		
Date Assigned:	06/29/2015	Date of Injury:	04/11/1997
Decision Date:	08/31/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/19/2015

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: Arizona, Michigan
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 injured worker is a 65 year old male, who sustained an industrial injury on 04/11/1997. The injured worker is currently permanent and stationary with permanent disability. The injured worker is currently diagnosed as having long term use of medications, lumbar disc displacement without myelopathy, and cervical disc displacement without myelopathy. Treatment and diagnostics to date has included cervical spine MRI which showed good position and alignment status post anterior decompression and fusion at C3-4 and C4-5 and severe cervical foraminal stenosis due to bony degenerative disease, lumbar spine MRI which showed multiple lumbosacral degenerative discs and foraminal stenosis, electrodiagnostic studies of the upper extremities revealed chronic denervation of the left deltoid and triceps, right ankle injections, left knee surgery on 04/09/2015, and medications. In a progress note dated 04/23/2015, the injured worker presented with complaints of chronic neck, low back, left knee, and right ankle pain and stated that he is still having postoperative knee pain. He feels that Percocet 2 tablets 3 times a day does provide good pain relief and will be starting postoperative physical therapy soon. Objective findings include an antalgic gait. The treating physician reported requesting authorization for retrospective Percocet and retrospective Ketamine cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro DOS: 4/23/15 Percocet 5/325mg #150: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-82.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines discourage long term usage unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment shoulder include: current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". A review of the injured workers medical records reveal that the injured worker was status post left knee surgery 4/9/2015 and had his percocet increased during the post operative period with report of adequate pain control. Given the circumstances the request for Retro DOS: 4/23/15 Percocet 5/325mg #150 is medically necessary.

Retro DOS: 4/23/15 Ketamine 5% cream 60gm: Upheld

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

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

Decision rationale: As per California MTUS Chronic Pain Guidelines, topical analgesics are "largely experimental in use with few randomized control trials to determine efficacy or safety. Primarily, recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed". MTUS also states that Ketamine is "under study and only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Topical Ketamine has only been studied for use in non-controlled studies for CRPS (chronic regional pain syndrome) I and post-herpetic neuralgia." Ketamine is not recommended for topical analgesia, and there does not appear to be any extenuating circumstances that would warrant deviating from the guidelines, there is no report that the injured worker is unable to tolerate all other recommended first line oral and topical agents, therefore the request for Ketamine cream is not medically necessary.