

Case Number:	CM15-0123153		
Date Assigned:	07/07/2015	Date of Injury:	10/05/2006
Decision Date:	07/31/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/25/2015

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, Florida, 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 injured worker is a 48-year-old male, who sustained an industrial injury on 10/05/2006. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having long term use medications not elsewhere classified, lumbar disc displacement without myelopathy, sciatica, and sacrum disorders. Treatment and diagnostic studies to date has included laboratory studies, chiropractic therapy, medication regimen, multiple lumbar epidural steroid injections, and multiple lumbar diagnostic facet injections with radiofrequency facet injections. In a progress note dated 04/23/2015 the treating physician reports complaints of low back pain. Examination reveals spasm and guarding to the lumbar spine. The injured worker's current medication regimen included Ketamine Cream, Robaxin, Nabumetone-Relafen, and Hydrocodone/Acetaminophen. The treating physician noted that the injured worker's pain is less severe secondary to chiropractic therapy and the injured worker's medication regimen, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of the injured worker's current medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of his medication regimen. The treating physician requested the medications of Hydrocodone/Acetaminophen 10/325mg with a quantity of 45 with the treating physician noting that the injured worker is to take up to two tablets a day for two weeks with a decrease by one tablet a day as needed for pain along with the treating physician also noting current use of this medication. The treating physician also requested the medication Ketamine 5% 60gm with a quantity of 1 with the treating physician noting current use of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Apap 10/325mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone/Acetaminophen Page(s): 78-80, 91, 93, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79, 80 and 88 of 127.

Decision rationale: This claimant was injured back in 2006. The diagnoses were long term use medications not elsewhere classified, lumbar disc displacement without myelopathy, sciatica, and sacrum disorders. Treatment and diagnostic studies to date has included laboratory studies, chiropractic therapy, medication regimen, multiple lumbar epidural steroid injections, and multiple lumbar diagnostic facet injections with radiofrequency facet injections. As of April 2015, there is still low back pain. The injured worker's pain is subjectively less severe secondary to chiropractic therapy and the injured worker's medication regimen, but no pain levels are provided. Objective functional improvement out of the regimen was not provided. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.

Ketamine 5% 60gr #1: 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 Page(s): 111 of 127.

Decision rationale: As shared previously, this claimant was injured back in 2006. The diagnoses were long term use medications not elsewhere classified, lumbar disc displacement without myelopathy, sciatica, and sacrum disorders. Treatment and diagnostic studies to date has included laboratory studies, chiropractic therapy, medication regimen, multiple lumbar epidural steroid injections, and multiple lumbar diagnostic facet injections with radiofrequency facet injections. As of April 2015, there is still low back pain. The injured worker's pain is subjectively less severe secondary to chiropractic therapy and the injured worker's medication regimen, but no pain levels are provided. Objective functional improvement out of the regimen was not provided. The MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, 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 certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is not medically necessary.