

Case Number:	CM15-0125244		
Date Assigned:	07/09/2015	Date of Injury:	10/22/1999
Decision Date:	08/12/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/29/2015

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 (IW) is a 52-year-old male who sustained an industrial injury on 10/22/1999 due to a fall. Diagnoses include lumbar disc displacement without myelopathy. Treatment to date has included medications, knee surgeries, facet injections, facet nerve ablations, physical therapy and home exercise. An MRI of the lumbar spine on 4/12/12 showed a diffuse 1.5mm disc bulge at L4-5 and a 2.5mm diffuse disc bulge at L5-S1, with mild bilateral neural foraminal stenosis. According to the progress, notes dated 1/8/15, the IW reported back pain radiating up into the mid back and shoulders, and down into the buttocks. He also reported right knee pain. He had excellent relief of pain after bilateral lumbar facet ablations on 12/9/14, with pain returning after 2 weeks; however, he was feeling better on the day of the office visit. It was noted he was using Ketamine cream, Tramadol and Protonix. On examination, muscle tone, strength and sensation was normal in all extremities. Straight leg raise was negative. There was spasm and guarding in the lumbar spine, tenderness and decreased range of motion, with increased pain on bilateral rotation. The right knee was tender to deep palpation. A request was made for Ketamine cream 5%, 60gr for knee pain and mobility; Pantoprazole-Protonix 20mg, #60 for gastrointestinal side effects from Nabumetone and Mirtazapine-Remeron 15mg for insomnia related to chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine cream 5% 60gr: Overturned

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): 56, 113.

Decision rationale: Based on the 06/10/15 progress report provided by treating physician, the patient presents with chronic back, knee and right foot pain. The patient is status post 5 knee surgeries. The request is for KETAMINE CREAM 5% 60GR. RFA with the request not provided. Patient's diagnosis on 06/01/15 included pain in joint lower leg, and lumbar disc displacement without myelopathy. Physical examination to the lumbar spine, per 06/10/15 report revealed spasm and guarding; and decreased range of motion, especially on extension 10% of normal. Large well-healed surgical scar along the right knee. Treatment to date has included knee surgeries, lumbar facet injections/ablation, physical therapy, home exercise and medications. MRI of the lumbar spine dated 04/12/12, per 06/10/15 report, shows "evidence of diffuse disc bulges at L4-5 and L5-S1 and bilateral neural foraminal stenosis at L5-S1. These findings confirm radiculopathy diagnostically." Patient's medications include Ketamine cream, Tramadol, Mirtaprizine, Relafen and Protonix. Work status not available. Treatment reports provided from 01/08/15 - 06/11/15. 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 treatment has 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." Ketamine cream was included in patient's medications, per progress reports 01/08/15, 05/14/15, and 06/11/15. It is not known when Ketamine cream was initiated. Per 02/05/15 report treater states the patient "is using Ketamine cream topically. These medications are working well and he does require a refill. At this point the patient treatment plan has worked well in that his back pain is improved his ability to stand walk and do activities of daily living are improved over 70% she will continue with medication we will continue to monitor." Treater states in progress 06/10/15 report that the patient "is using Ketamine for neuropathic pain. He continues to have chronic back, knee and right foot pain. The patient found that the Norco was not controlling his pain particularly at night and during the day; he was having some trouble with sleepiness with this medication. With the NSAIDs, he noticed persistent gastrointestinal side effects. We wish to minimize the use of oral medications in this patient. Use of these topical creams and patches prevents the escalation of Tramadol/APAP and Relafen. The patient describes his pain as 7 or 8/10 usually with medication including Ketamine his pain level is about 4 or 5/10 in regards to his back. He states that his is able to complete his activities of daily living with decreased pain and increased function. He notes that this medication is helping him and adequately reliving his pain." In this case, the MTUS guidelines recommend use of Ketamine for neuropathic pain in refractory cases when primary and secondary treatment has been exhausted. This request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.

Pantoprazole-Protonix 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Proton pump inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The request is for PANTOPRAZOLE-PROTONIX 20MG #60. RFA with the request not provided. Patient's diagnosis on 06/01/15 included pain in joint lower leg, and lumbar disc displacement without myelopathy. Physical examination to the lumbar spine, per 06/10/15 report revealed spasm and guarding; and decreased range of motion, especially on extension 10% of normal. Large well-healed surgical scar along the right knee. Treatment to date has included knee surgeries, lumbar facet injections/ablation, physical therapy, home exercise and medications. MRI of the lumbar spine dated 04/12/12, per 06/10/15 report, shows "evidence of diffuse disc bulges at L4-5 and L5-S1 and bilateral neural foraminal stenosis at L5-S1. These findings confirm radiculopathy diagnostically." Patient's medications include Ketamine cream, Tramadol, Mirtaprizine, Relafen and Protonix. Work status not available. Treatment reports provided from 01/08/15 - 06/11/15. MTUS pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Protonix and Relafen were included in patient's medications, per progress reports 01/08/15, 05/14/15, and 06/11/15. It is not known when Protonix was initiated. The patient reported nausea, per 01/08/15 report. Per 02/05/15 report, treater states the patient is using "Protonix for GI side effects with his Relafen non-steroidal anti-inflammatory. These medications are working well and he does require a refill. At this point the patient treatment plan has worked well in that his back pain is improved his ability to stand walk and do activities of daily living are improved over 70% she will continue with medication we will continue to monitor." Progress report 06/11/15 states the patient "does have some GI upset for which she has been utilizing Protonix intermittently which also helps." MTUS allows prophylactic use of PPI along with oral NSAIDs when appropriate GI risk is present. Treater has documented patient's GI risk assessment and benefit from medication. The request to continue PPI prophylactic therapy appears reasonable. Therefore, the request IS medically necessary.

Mirtazaprine-Remeron 15mg: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, and Insomnia treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 13-15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, under Insomnia.

Decision rationale: Based on the 06/10/15 progress report provided by treating physician, the patient presents with chronic back, knee and right foot pain. The patient is status post 5 knee surgeries. The request is for MIRTAZAPRINE-REMERON 15MG. RFA with the request not provided. Patient's diagnosis on 06/01/15 included pain in joint lower leg, and lumbar disc displacement without myelopathy. Physical examination to the lumbar spine, per 06/10/15 report revealed spasm and guarding; and decreased range of motion, especially on extension 10% of normal. Large well-healed surgical scar along the right knee. Treatment to date has included knee surgeries, lumbar facet injections/ablation, physical therapy, home exercise and medications. MRI of the lumbar spine dated 04/12/12, per 06/10/15 report, shows "evidence of diffuse disc bulges at L4-5 and L5-S1 and bilateral neural foraminal stenosis at L5-S1. These findings confirm radiculopathy diagnostically." Patient's medications include Ketamine cream, Tramadol, Mirtapizine, Relafen and Protonix. Work status not available. Treatment reports provided from 01/08/15 - 06/11/15. Mirtazapine (Remeron) is classified as an antidepressant. The MTUS Guidelines page 13 states, "Recommended as a first-line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." The guideline further states "Osteoarthritis: No studies have specifically studied the use of antidepressants to treat pain from osteoarthritis. In depressed patients with osteoarthritis, improving depression symptoms was found to decrease pain and improve functional status." ODG Guidelines pain chapter, under insomnia states, "Sedating antidepressants (e.g. amitriptyline, trazodone, mirtazapine) have also been used to treat insomnia; however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression." Mirtazapine was included in patient's medications, per progress reports 01/08/15, 05/14/15, and 06/11/15. It is not known when Mirtapizine was initiated. Per 02/05/15 report treater states the patient is using "Remeron for sleeplessness. These medications are working well and he does require a refill. At this point the patient treatment plan has worked well in that his back pain is improved his ability to stand walk and do activities of daily living are improved over 70% she will continue with medication we will continue to monitor." Progress report 06/11/15 states the patient "does utilize mirtapizine which does help with both sleep and depression. He is tolerated well without side effects. Patient first started using mirtapizine to help with insomnia, which it was effective for her. However, it is also used for depression. Patient's mood has been stabilized on this medication and he is sleeping much better at night." In this case, the patient presents with insomnia and depression, for which Mirtazapine is indicated; and treater has documented medication efficacy. This request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.