

Case Number:	CM15-0127447		
Date Assigned:	07/14/2015	Date of Injury:	04/02/2014
Decision Date:	08/10/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 38-year-old female who sustained industrial injuries on 4/2/2014 resulting in pain to the left knee, neck, upper back, and low back with radiation to the left lower extremity. She was diagnosed with sprain/strain of the neck, thoracic, and lumbar regions; and, left knee joint pain. Treatment has included physical therapy for the knee and back; massage therapy for the neck; medication; and, use of TENS unit 3 times a day with reported excellent results in pain management. The injured worker continues to present with upper back, lower back and left knee pain. The treating physician's plan of care includes Protonix and Ketamine 5% cream. She is presently on work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Pantoprazole-Protonix 20 mg #60 with a DOS of 4/21/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, Page(s): 68-71.

Decision rationale: The claimant sustained a work-related injury in April 2014 and continues to be treated for back and left knee pain. When seen, review of systems was negative for gastrointestinal problems. There was no significant past medical history. Medications were being tolerated without side effect. Physical examination findings included lumbar muscle spasms and guarding and left knee joint line tenderness. Medications include Naproxen prescribed as a replacement for nabumetone which was ineffective. In this case, the claimant does not have identified risk factors for a GI event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. She is taking naproxen at a recommended dose. In this clinical scenario, guidelines do not recommend that a proton pump inhibitor such as Protonix (pantoprazole) be prescribed.

Retrospective Ketamine 5% cream 60 gm #2 with a DOS of 4/21/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The claimant sustained a work-related injury in April 2014 and continues to be treated for back and left knee pain. When seen, review of systems was negative for gastrointestinal problems. There was no significant past medical history. Medications were being tolerated without side effect. Physical examination findings included lumbar muscle spasms and guarding and left knee joint line tenderness. Medications include Naproxen prescribed as a replacement for nabumetone which was ineffective. Topical ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted and has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia. In this case, the claimant does not have a diagnosis of CRPS. There are other topical treatments available for her condition. The requested ketamine cream is not medically necessary.