

Case Number:	CM15-0163436		
Date Assigned:	09/21/2015	Date of Injury:	03/27/2007
Decision Date:	11/12/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/20/2015

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, 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 49 year old female, who sustained an industrial-work injury on 3-27-07. She reported initial complaints of low back pain and left lower extremity pain. The injured worker was diagnosed as having lumbar disc degeneration, cervical disc displacement, major depression, psychogenic pain, lumbar disc displacement, sciatica, and disorder of the sacrum. Treatment to date has included medication, radiofrequency ablation bilateral L2 L5 facet nerves, and diagnostics. MRI results were reported on 11-27-13 of the lumbar spine notes no significant interval change in mild multilevel degenerative disc disease from L1-2 through L4-5, re-demonstrated are small annular tears and small generalized disc herniation from L1-2 through L4-5 without central canal stenosis, at L4-5 this is slightly more prominent in the left lateral distribution with resultant in mild left greater right neural foraminal narrowing. Currently, the injured worker complains of low back and left lower extremity pain. She is working full time with restrictions. Per the primary physician's progress report (PR-2), exam noted an antalgic gait, reproducible pain with extension of the lumbar spine, decreased sensation in the left L4, 5, S1 dermatomes, normal DTR (deep tendon reflexes), reproducible pain with extension and rotation, tenderness to palpation at the lumbosacral junction with associated muscle tension, range of motion decreased by 30% with flexion, full with extension but painful and decreased by 20% with rotation bilaterally, normal motor strength in the bilateral lower extremities. A progress report dated February 23, 2015 indicates that the topical creams work as adjunct neuropathic agents and the patient notes "particular benefit." The note goes on to state that her back pain is primarily axial in nature with no radiation into the lower extremities. The note goes on to state

that since starting venlafaxine, the patient is less depressed and better able to cope with feelings of depression. A progress report dated April 20, 2015 indicates that tramadol reduces the patient's pain by 50% allowing her to work more effectively and improve her physical function. An appeal letter dated July 31, 2015 indicates that the patient has previously failed oral NSAIDs due to a history of nausea, vomiting, and G.I. distress. Diclofenac reduces pain and improves function, reducing the need to use more pain medication. The patient states she would not be able to tolerate work without the pain relief afforded by this medication and denies side effects from its use. The note goes on to state that with regards to ketamine, the patient does have neuropathic pain on physical examination which is supported by MRI findings. Additionally, the patient has failed first-line oral medications including gabapentin and Cymbalta. She has also tried opiates and NSAID medication which were ineffective. Capsaicin cream was too hot and lidocaine and other topical NSAIDs failed. The patient has also tried conservative treatment including physical therapy, acupuncture, and a home exercise program. She has also failed invasive treatment such as epidural steroid injections and sacroiliac injections. Ketamine reduces her pain and improves her function. This allows her to tolerate pain caused by work activity, and the patient states that she would not be able to tolerate work without the pain afforded by this medication. She indicates that doxepin works similarly. The note goes on to state that tramadol improves the patient's pain and function, and there has been no aberrant use. A signed opiate agreement is in place and state database queries have been consistent. Risks and benefits have been discussed. The Request for Authorization requested service to include Diclofenac sodium 1.5%, apply to affected area three times per day, 60gm #1 (Prescribed 5-26-15), Ketamine 5% cream, apply to affected area three times per day, 60gm #1 (Prescribed 5-26-15), Doxepin 3.3% cream, apply to affected area three times a day, nerve pain cream, 60gm #1 (Prescribed 5-26-15), Venlafaxine Hcl ER 37.5mg, 1 tablet twice a day, #60 (Prescribed 5-26-15) and Tramadol/APAP 37.5mg, 1 tablet three times a day as needed for pain #90 (Prescribed 5-26-15). The Utilization Review on 8-10-15 denied the request for Diclofenac sodium 1.5%, Ketamine 5% cream, Doxepin 3.3% cream, Venlafaxine Hcl ER 37.5 mg, for reason that topical medications are largely experimental and oral medications are considered the standard of care, Venlafaxine Hcl is a duplicate authorization, and modify Tramadol-APAP 37.5 mg to allow for weaning, per CA MTUS (California Medical Treatment Utilization Schedule) Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac sodium 1.5%, apply to affected area three times per day, 60gm #1 (Prescribed 5-26-15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Regarding the request for Diclofenac, guidelines state that topical NSAIDs are recommended for short-term use. Oral NSAIDs contain significantly more guideline support,

provided there are no contraindications to the use of oral NSAIDs. Within the documentation available for review, it appears the patient has failed oral NSAIDs due to gastritis. Additionally, numerous other medications have been tried and failed. Furthermore, topical diclofenac reportedly improves the patient's pain and function, reducing the need for more pain medication. No side effects have been reported. As such, the currently requested topical diclofenac is medically necessary.

Ketamine 5% cream, apply to affected area three times per day, 60gm #1 (Prescribed 5-26-15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Regarding the request for topical ketamine, Chronic Pain Medical Treatment Guidelines state that ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Within the documentation available for review, the requesting physician has identified that the patient has significant neuropathic pain complaints supported by physical examination findings. Additionally, the requesting physician indicates that the patient has failed all primary and secondary treatment options. Furthermore, ketamine is reported to improve pain and function, allowing the patient to work. As such, the currently requested topical ketamine is medically necessary.

Doxepin 3.3% cream, apply to affected area three times a day, nerve pain cream, 60gm #1 (Prescribed 5-26-15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Regarding the request for Doxepin, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Guidelines do not support the use of topical antidepressants. No peer-reviewed scientific literature of sufficient strength has been provided to support the use of topical doxepin in the treatment of neuropathic pain. As such, the currently requested Doxepin is not medically necessary.

Venlafaxine Hcl ER 37.5mg, 1 tablet twice a day, #60 (Prescribed 5-26-15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, and Chronic Pain Medical Treatment 2009, Section(s): SNRIs (serotonin noradrenaline reuptake inhibitors).

Decision rationale: Regarding the request for venlafaxine, Chronic Pain Medical Treatment Guidelines states that venlafaxine is an SNRI antidepressant that has been shown to be effective in relieving neuropathic pain of different etiologies. Additionally, guidelines recommend follow-up evaluation with mental status examinations to identify whether depression is still present. Guidelines indicate that a lack of response to antidepressant medications may indicate other underlying issues. Within the documentation available for review, it appears the patient has significant depression which is reportedly improved substantially with venlafaxine. Additionally, it is noted that this medicine has improved the patient's ability to function. As such, the currently requested venlafaxine is medically necessary.

Tramadol/APAP 37.5mg, 1 tablet three times a day as needed for pain #90 (Prescribed 5-26-15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

Decision rationale: Regarding the request for Tramadol/APAP 37.5mg, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. In light of the above, the currently requested Tramadol/APAP 37.5mg is medically necessary.