
Notice of Independent Medical Review Determination

Dated: 9/30/2013

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/1/2013
Date of Injury: 6/12/2009
IMR Application Received: 7/16/2013
MAXIMUS Case Number: CM13-0001704

- 1) MAXIMUS Federal Services, Inc. has determined the request for Ketamine 5% cream 60gm **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Tylenol #3-Acetaminophen with Codeine #30 **is medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/16/2013 disputing the Utilization Review Denial dated 7/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/18/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for Ketamine 5% cream 60gm **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Tylenol #3-Acetaminophen with Codeine #30 **is medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, and is licensed to practice in California. 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 1, 2013:

“The patient is a 33 year old male with a date of injury of 6/12/2009. This are prospective request for 1 prescription of pantoprazole-Protonix 20mg #60, 1 prescription of naproxen sodium-Anaprox 550mg #90, 1 prescription of Tylenol #3-acetaminophen with codeine #30 and 1 prescription of ketamine 5% cream 60mg.

“A review of the available medical documentation showed the patient has been treated for chronic low back and bilateral heel pain secondary to an L2 burst fracture and plantar fasciitis. The patient was post lumbar epidural steroid injection from 4/16/13 with reported 60% improvement in low back and lower extremity pain. However, he continued to experience heel pain with a pain score of 6/10 on 5/7/13. The most recent progress report from Dr. [REDACTED] dated 6/18/2013 indicated the patient was working full time with restrictions of lifting no more than 40lbs and was tolerating this well. The treatment plan was to continue current medications with prescription for prescriptions for: pantoprazole-Protonix 20mg #60 for the stomach, naproxen sodium-Anaprox 550mg #90 for inflammation. Tylenol #3-acetaminophen with codeine #30 for pain and ketamine 5% cream 60g #1 for pain; the patient was to follow up in four weeks. On 5/7/2013 the provider took the patient off of capsaicin cream and switched to ketamine cream due to the strength of the capsaicin being too much.”

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received on 7/16/13)
- Utilization Review Determination (dated 7/1/2013)
- Chronic Pain Medical Treatment Guidelines (2009), Topical Analgesics, pgs.101-102
- Utilization Review Treatment Appeal from [REDACTED] (dated 7/19/13)
- Official Disability Guidelines (ODG) (2009), Ketamine
- Chronic Pain Medical Treatment Guidelines (2009), Codeine, pg. 82
- Medical Records from [REDACTED] (dated 6/22/12-6/18/13)
- PR-2 Reports from [REDACTED], D.P.M, D.C. (dated 6/28/12- 12/4/12)
- Physical Therapy Notes from [REDACTED] (dated 10/4/12- 11/8/12)
- Interlaminar Lumbar Epidural Steroid Injection Report from [REDACTED] [REDACTED] (dated 4/16/13)
- Toxicology Report from [REDACTED] (dated 2/28/13)

1) Regarding the request for Ketamine 5% cream 60gm :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Topical Analgesics, pgs.111-113, which is part of the Medical Treatment Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer stated the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee sustained a work-related injury on June 12, 2009 to the lower back and bilateral heels. The medical records provided for review indicate treatments have included epidural steroid injections, weight-lifting restrictions, and medication management. The request is for Ketamine 5% cream 60gm.

The MTUS Chronic Pain guidelines primarily recommend Ketamine cream for neuropathic pain when trials of antidepressants and anticonvulsants have failed. It is specifically recommended for post-herpetic neuralgia. The medical records provided for review indicate that the employee has "neuropathy" as evidenced by a positive straight leg test. However, a straight leg raise test is a neural tension sign that is suggestive of radiculopathy and not neuropathic pain. The request for Ketamine 5% cream 60gm **is not medically necessary and appropriate.**

2) Regarding the request for 1 prescription of Tylenol #3-Acetaminophen with Codeine #30:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator did not cite a guideline. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer stated that the Chronic Pain Management Treatment Guidelines, opioid use, section “Therapeutic Trial of Opioids” which is part of the Medical Treatment Utilization Schedule (MTUS) was applicable and relevant to the issue at dispute.

Rationale for the Decision:

The employee sustained a work-related injury on June 12, 2009 to the lower back and bilateral heels. The medical records provided for review indicate treatments have included epidural steroid injections, weight-lifting restrictions, and medication management. The request is for Tylenol #3-Acetaminophen with Codeine #30.

The CA MTUS Chronic Pain guidelines indicate “4A’s” as “4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors.” The medical records provided for review document the effectiveness of the medication and the functional improvement of the employee. The request for Tylenol #3-Acetaminophen with Codeine #30 **is medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/hs

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.