

Case Number:	CM14-0140528		
Date Assigned:	09/10/2014	Date of Injury:	11/14/1996
Decision Date:	10/06/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Family Medicine 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 66 yr. old male claimant who sustained a work injury on 11/14/96 involving the left lower extremity. He sustained a fracture of the tibia developed complex regional pin syndrome and been on topical Ketamine and 10 mg of Hydrocodone for pain as well as Trazodone to aid in sleeping since at least January 2014. A progress note on 7/10/14 indicated the claimant had continued left leg pain. His pain is decreased from 8/10 to 5/10 with the use of Norco. Gabapentin had helped with tingling sensation in the left leg. There was no mention of sleep issues. Physical findings were unremarkable. The claimant was continued on the above medications along with Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Ketamine 5% Cream 60gm #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety.

Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical Ketamine is 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 I and post-herpetic neuralgia and both have shown encouraging results. In this case, the claimant has been on topical Ketamine for over 6 months with continued pain. Long-term use has not been studied and the effect of Ketamine is not objectively established for this claimant. Continued use is not medically necessary.

1 Prescription of Hydrocodone / Apap 10-325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for over 6 months. The continued use of Norco is not medically necessary.

1 Prescription of Trazodone 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Insomnia

Decision rationale: Trazodone is an SNRI antidepressant (not a tri-cyclic). Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Tricyclic antidepressants are a first-line option, especially if pain is accompanied by insomnia, anxiety, or depression. There is no indication that the claimant is being treated for depression. Anti-depressants may be used for pain, but in this case, there is no documentation of a tri-cyclic failure. The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Trazodone was mentioned for use for insomnia in the claimant's

history. He had been using it for over months. Details on its response are unknown. Based on the above, continued use of Trazodone is not supported or medically necessary.