

Case Number:	CM13-0015882		
Date Assigned:	04/23/2014	Date of Injury:	11/13/2003
Decision Date:	06/12/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/23/2013

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 Occupational 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 73 year old female who was injured on 11/13/2003. Mechanism of injury is unknown. Prior treatment history has included the following list of medications: 1. capsaicin cream 2. Ketamine cream 3. Baclofen 10 mg 4. topiramate 100 mg 5. venlafaxine ER 75 mg 6. Morphine Sulfate ER 15 mg 7. Morphine Sulfate ER 30 mg 8. Senekot-s tablet 9. aspirin 81 mg 10. atenolol 100 mg 11. HCTZ 12.5 mg 12. Biotin 1,000 mcg Progress note dated 05/06/2013 documented the patient is in for follow up of her lower back and right lower extremity pain. Every time she uses the SCS it aggravates her right lower extremity pain with numbness and spasms for about a week. She has not yet started the lower dose of morphine as she still has the 30 mg tablets, so she will start the lower dose soon. She reports no benefit from the Venlafaxine and reports drowsiness. She reports her pain as 2/10 on a VAS pain scale today with medication. Her pain is aggravated with prolonged sitting, standing and walking. Diagnoses: 1. Long term use of meds necessary. 2. Unspecified major depression, recurrent episode. 3. Spinal lumbar stenosis. 4. Sciatica. 5. Disorder of sacrum. Prescription: 1. capsaicin 0.075% cream 2. Ketamine 5% cream 60 gr. Plan: We will hold off on tapering her venlafaxine to next visit. She notes morphine helps improve her pain function. Topamax helps with nerve pain and ketamine and capsaicin cream helps topically.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST (DOS: 5/6/13) FOR CAPSAICIN 0.075% CREAM:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommends Capsaicin cream for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The medical records (05/06/2013) document that the patient had no benefit from the Venlafaxine and reported drowsiness. However, Topamax continued to help with nerve pain. Also, capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). Based on the Chronic Pain Medical Treatment Guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

RETROSPECTIVE REQUEST (DOS: 5.6.13) FOR KETAMINE 5% CREAM 60GR.:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommends ketamine cream for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. The medical records (05/06/2013) document that the patient had no benefit from the Venlafaxine and reported drowsiness. However, Topamax continued to help with nerve pain. Based on the Chronic Pain Medical Treatment Guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.