

Case Number:	CM13-0043521		
Date Assigned:	12/27/2013	Date of Injury:	05/22/2006
Decision Date:	02/20/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Oklahoma and Texas. 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 physician 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 52-year-old female who reported an injury on 05/22/2006 due to cumulative trauma while performing normal job duties. The patient reportedly developed carpal tunnel syndrome that was treated with carpal tunnel release. The patient ultimately developed complex regional pain syndrome as a result of the carpal tunnel release. The patient's complex regional pain syndrome was managed with medications, sympathetic blocks, active therapy, and cognitive behavioral therapy. The patient developed skin lesions of the spine and upper extremity which were considered to be painful. The patient's diagnoses included complex regional pain syndrome of the right hand, forearm, and wrist, and status post carpal tunnel release with left 3rd trigger finger release. The patient's treatment plan included continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine Cream 120 grams: 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 Page(s): 111.

Decision rationale: The requested Ketamine cream 120 g is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule does indicate that this medication can be used for complex regional pain syndrome and postherpetic neuralgia when all primary and secondary treatments have been exhausted. The clinical documentation submitted for review does not provide evidence that the patient has failed to respond to oral medications. Therefore, the use of this medication is not indicated. As such, the requested Ketamine cream 120 g is not medically necessary or appropriate.

Flexeril 5mg tablets: 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 Muscle Relaxants Page(s): 16.

Decision rationale: The requested Flexeril 5 mg is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule states, "Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility." The clinical documentation submitted for review does not provide any evidence of spasming or muscle tension that would benefit from the use of a muscle relaxant. Additionally, it is noted within the documentation that the patient has been prescribed Soma 325 mg by another physician. The clinical documentation submitted for review does not support the need for 2 muscle relaxants to be prescribed to this patient. As such, the requested Flexeril 5 mg tablets are not medically necessary or appropriate.