

Case Number:	CM13-0067486		
Date Assigned:	04/02/2014	Date of Injury:	09/15/2003
Decision Date:	07/15/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/18/2013

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 Internal Medicine, and is licensed to practice in New York. 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 61 year old female who was injured on 09/15/2003. She sustained an injury when she fell while working as a teacher. She tripped and fell, landing on the concrete floor, and sustained injuries to the low back, bilateral hips, left arm, and both knees. Prior treatment history has included multiple courses of physical therapy but had increasing pain; functional restoration program which she only attended around 2 weeks stating that she was getting too cold because of the AC there. The patient's medications as of 07/15/2013 include: Diclofenac Sodium Ketamine 5% cream 60gr, Buprenorphine 0.25 mg sublingual troches and Valium 5 mg. Follow-up visit note dated 02/28/2014 indicated the patient presented with complaints of lower back and bilateral knee pain. She rated her pain as 10/10 on the VAS scale without medications. With medications, her pain was decreased and more tolerable. She noted that her pain was located in her lower back with radiation of pain into her bilateral hips. She continued to lose weight with watching her diet. She continued to utilize medications with benefit and improved function. She also complained of constipation but denied heartburn, nausea, abdominal pain, melena and hematemesis. Her current medications were Diclofenac sodium 1.5 %, Ketamine 5% cream 60gr, Buprenorphine 0.25 mg sublingual troches for pain, and Valium 5 mg tablet. The patient was diagnosed with lumbosacral spondylosis, pain in the joint-lower leg, DJD, bilateral knee meniscus tears and left lateral epicondylitis. The patient continued to experience low back pain with radiation of pain and spasm into her bilateral lower extremities. She was given a trial of Flexeril. She had self-procured aquatic therapy with 1 session so far. She reported her pain as 10/10 on VAS pain scale with medications. She noted that the amount of topical she was getting was not enough. She also noted that she has huge knees and needed more quantity to get any relief. Follow-up visit noted 10/31/2013 reported the patient was continuing to have persistent knee pain and low back pain. She has had x-rays of bilateral knees which show severe

tricompartamental arthritis and she had lumbar spinal stenosis with nerve root impingement. She did fall, she stated, several days ago and landed on her right side and right leg. Her current medications were Diclofenac sodium 1.5% 60gr, Ketamine 5% cream 60gr, Buprenorphine 0.25 mg sublingual troches, and Valium 5 mg tab. Progress note dated 02/11/2013 indicated the patient was successfully weaned off Hydrocodone and switched over to a long-acting narcotic medication, Buprenorphine, which she was using rather sparingly. She did use topical Diclofenac and Ketamine, but not excessively. She was having decreased function. She continued with Buprenorphine 0.25 mg, using around one to two tablets per day and topical Diclofenac and Ketamine, using this around every other day. The treating provider has requested RETRO KETAMINE 5% CREAM 60GR DOS 06-01-2013 and RETRO DICLOFENAC SODIUM 1.5% 60GM, FOR DOS 06-01-2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO KETAMINE 5% CREAM 60GR DOS 06-01-2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter: Ketamine.

Decision rationale: The CA MTUS state topical analgesics containing NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. The request is for DOS 06/01/2013 and the patient is documented to have been using the requested cream since at least 02/11/2013 (latest treatment note provided). The period of use for this patient was well over the recommended maximum use for the topical. The medical necessity for the cream has not been established. The requested item is not medically necessary.

RETRO DICLOFENAC SODIUM 1.5% 60GM, FOR DOS 06-01-2013: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS state topical analgesics containing NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period.

When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. The request is for DOS 06/01/2013 and the patient is documented to have been using the requested cream since at least 02/11/2013 (latest treatment note provided). The period of use for this patient was well over the recommended maximum use for the topical. The medical necessity for the cream has not been established. The requested item is not medically necessary.