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| Case Number: | CM14-0102846 | | |
| Date Assigned: | 09/12/2014 | Date of Injury: | 03/31/2008 |
| Decision Date: | 10/14/2014 | UR Denial Date: | 06/11/2014 |
| Priority: | Standard | Application Received: | 07/03/2014 |

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 Physical Medicine & Rehabilitation 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 injured worker is a 66-year-old female who reported an injury on 03/31/2008. The mechanism of injury occurred while picking up a client off the floor. The injured worker's diagnoses included chronic pain, sciatica, disorders of the sacrum, forearm joint pain, and shoulder joint pain. Her past treatments included physical therapy, acupuncture, aquatic therapy, medications, a cane, and a home exercise program. It was specifically noted that she had experienced significant adverse effects with prior use of Tramadol and NSAIDs. The injured worker's diagnostics exams included an electromyography study, which was negative, an MRI of the lumbar spine, and an x-ray of the left hip. On 07/02/2014, the injured worker complained of severe left shoulder pain, particularly with range of motion. She also complained of low back pain and leg pain. The injured worker also reported that the ketamine cream and diclofenac cream were effective and improved for sleep quality. It was also indicated that she was able to do activities of daily living better with the creams rather than without. The clinical notes also specify that the injured worker complained of numbness but denies balance problems or poor concentration. The physical examination revealed a painful arc in the right shoulder at about 70 to 80 degrees. There was also noted pain with internal and external rotation of the left shoulder. The exam showed tenderness over the left shoulder capsule as well. Her medications included ketamine 5% cream 60 grams, diclofenac sodium 1.5% 60 grams, and hydrochlorothiazide 12.5 mg capsules. The treatment plan encompassed that the injured worker try gabapentin for the symptoms of neuropathy. The treatment plan also consisted of the use of ketamine 5% cream and diclofenac sodium 1.5% cream. A request was received for ketamine 5% cream 60 grams x2 and diclofenac sodium 1.5% 60 grams x1. The rationale for the request was to provide the injured worker with a prescription for pain medicine, as no oral pain medication would be dispensed. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 5% cream, 60gm x2 (dispensed 05/09/14): 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 Analgesic Page(s): page(s) 111-113..

Decision rationale: The California/MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trails to determine efficacy or safety and are primarily recommended to treat neuropathic pain after trials of anticonvulsants and antidepressants have failed. Additionally, the guidelines state that Ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Based on the clinical notes, the injured worker complained of low back and leg pain with numbness. It was noted that she had experienced significant adverse effects with prior use of oral medications including Tramadol and NSAIDs. However, it was specifically noted that she had never tried antidepressants or anticonvulsants for her neuropathic pain. Therefore, due to lack of evidence to show that all primary and secondary treatments have been exhausted, the request is not supported. Additionally, the request, as submitted, failed to indicate a frequency or instructions for use, to include the body region the requested topical cream is to be applied to. As such, the request for ketamine 5% cream 60 grams x2 is not medically necessary.

Diclofenac Sodium 1.5% 60gm x 1 (dispensed 05/09/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter (updated 05/15/14): Compound drugs, criteria for compound drugs

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

Decision rationale: The California/MTUS Guidelines states that topical diclofenac is indicated for relief of osteoarthritis pain in joints that are amenable to topical treatment; however, there is little evidence to utilize any topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs are also not recommended by the guidelines for neuropathic pain as there is no evidence to support use. Based on the clinical notes, the injured worker had complaints of numbness and tingling in the legs, and that she was using topical creams rather than oral medications for her neuropathic pain due to a history of adverse effects with medications in general. Additionally, the clinical notes indicated that the use of a cream would be for the spine, hip, or shoulder, which are areas that are not supported by the guidelines. As the guidelines do not recommend topical NSAIDs for the treatment of neuropathic pain and as

the cream would be used on the spine, hip, or shoulder, the request is not supported. Additionally, the request, as submitted, failed to indicate a frequency and directions for use. Therefore, the request for Diclofenac Sodium 1.5% 60gm x 1 is not medically necessary.