

Case Number:	CM14-0103728		
Date Assigned:	07/30/2014	Date of Injury:	10/18/2010
Decision Date:	08/29/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/07/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 48-year-old female who reported an injury on 10/18/2010. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to multiple body parts. The injured worker's diagnoses included pain in shoulder joint, status post bilateral shoulder arthroscopies, pain in joint hand, bilateral carpometacarpal (CMC) arthralgia, bilateral de Quervain's tenosynovitis, tension headaches, status post right radial nerve release, CMC arthroplasty, trigger thumb release and de Quervain's release. The injured worker's treatment history included physical therapy, medications, surgical intervention, splinting, and injections. The injured worker was evaluated on 04/15/2014. It was noted that the injured worker had significant flair ups of pain on multiple occasions. Objective findings included no evidence of sedation with a grossly normal and nonantalgic gait. It was noted that the injured worker was ambulating without assistance. The injured worker's medications included ketamine 5% cream 60 gm, gabapentin tablets 600 mg, Ambien 10 mg, Zolof 25 mg, Percocet 10/325 mg, and Flector patches. A request was made for a refill of diclofenac sodium 1.5%, ketamine 5% cream and gabapentin tablets 600 mg. A letter of appeal was documented on 06/25/2014. It was noted that the request for diclofenac sodium was denied due to the lack of guideline recommendation support for the long term use of topical non-steroidal anti-inflammatory drugs. It was noted that although the injured worker had been on that medication for an extended period of time, it did decrease the injured worker's inflammation in her neck and low back pain. It was noted that the injured worker used it only on an as needed basis and not for continual treatment, and that the injured worker was not using any oral non-steroidal anti-inflammatory drugs. It was noted that the injured worker had a reduction in pain from an 8/10 to a 6/10 with medication usage and did not have any significant side effects, and did have an

increase in function. It was noted that the request for ketamine was denied secondary to a lack of documentation of complex regional pain syndrome or a failure to respond to other pain medications. It was noted that the use of ketamine cream provided significant pain relief. It was noted that the injured worker had failed to respond to antidepressants, anticonvulsants, opioids, non-steroidal anti-inflammatory drugs, and other types of topical medications. It was noted that the injured worker had undergone a trial of Topamax, Cymbalta, and Zoloft which had failed to provide any relief. Additionally, it was noted that the injured worker had tried Wellbutrin, Vicodin, and Soma which also had not provided any relief. It was noted that the injured worker was tolerating ketamine without any adverse side effects, and provided functional benefit and pain relief. It was also noted that the request for gabapentin received an adverse determination secondary to a lack of objective functional improvement and pain relief. It was noted that the injured worker was afforded pain relief and functional improvement secondary to the use of gabapentin with a reduction in pain from an 8/10 to a 6/10 without any adverse side effects. A request was made for diclofenac sodium 1.5%, ketamine 5% percent cream and gabapentin 600 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium 1.5% 60 grm #1: 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 clinical documentation submitted for review does indicate that the injured worker uses this medication on an as needed basis and not for continuous pain relief. California Medical Treatment Utilization Schedule recommends short durations of treatment for non-steroidal anti-inflammatory drugs in a topical formulation. However, the request as it is submitted does not provide a frequency of treatment or an applicable body part. In the absence of this information the appropriateness of the request itself cannot be determined. As such, the requested diclofenac sodium 1.5% 60 gm #1 is not medically necessary or appropriate.

Ketamine 5% cream 60 grm #2: 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 California Medical Treatment Utilization Schedule does not recommend the use of ketamine as a topical analgesic unless the injured worker is diagnosed with complex regional pain syndrome and pain is refractory to other chronic pain management

treatments. The clinical documentation submitted for review does indicate that the injured worker has failed to respond to several types of chronic pain management to include multiple classes of medications, injections, and active therapeutic rehabilitation. However, the request as it is as it is submitted does not clearly identify a frequency of treatments or applicable body part. In the absence of this information the appropriateness of the request itself cannot be determined. As such, the requested ketamine 5% cream 60 gm #2 is not medically necessary or appropriate.

Gabapentin tab 600 mg #120: 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 Anti-epileptics Page(s): 16.

Decision rationale: The requested gabapentin tablet 600 mg #120 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the ongoing use of this medication supported by a documented functional benefit and evidence of at least 30% pain relief. It is noted that the injured worker has a reduction in pain from 8/10 to 6/10. This does not meet the guideline recommendations of at least 30% pain relief. Therefore, continued use would not be indicated. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information the appropriateness of the request itself cannot be determined. As such, the requested gabapentin 600 mg #120 is not medically necessary or appropriate.