

Case Number:	CM14-0109084		
Date Assigned:	08/01/2014	Date of Injury:	02/15/2008
Decision Date:	09/09/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/14/2014

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 42-year-old female with a reported date of injury on 02/15/2008. The mechanism of injury was noted to be a lifting injury. Her diagnoses were noted to include carpal tunnel syndrome and radial nerve lesion. Her previous treatments were noted to include H-wave, physical therapy, surgery, and medications. The progress note dated 07/02/2014 revealed the injured worker complained of right upper extremity pain. The injured worker revealed the pain in the upper extremity started at the elbow and radiated to the dorsal aspect of the forearm and wrist. She noted pain like a band around the wrist and reported it felt tight and swollen. The injured worker reported she used the Diclofenac and Ketamine creams as needed, about 3x weekly, and it helped dull the pain. The injured worker reported the ketamine was a little bit more effective and denied side effects. The injured worker reported the buprenorphine as the most effective for the pain and that she used 2 tablets twice a day. The injured worker rated her pain 8-9/10 without medications and with medications 5/10. The injured worker reported that with the use of medication she was able to tolerate activities for a longer period of time such as unloading the washing machine or sweeping. The physical examination revealed the left shoulder abduction against resistance was full, but the provider was unable to accurately assess the right shoulder due to pain. The range of motion to the right shoulder was diminished and the injured worker was able to externally rotate and touch the back of her head, but slowly and with pain. The provider was unable to assess the empty can test, secondary to pain. The Hawkins's and Neer's test were equivocal as the injured worker noted pain in the upper arm. Her medication regimen was noted to include ketamine 5% cream 60 g apply to effected area 3x a day, Diclofenac sodium 1.5% 60 g apply to effected area 3x a day, and Buprenorphine 0.1 mg sublingual triches #30 pieces 1 tablet under the tongue up to 4x a day. The Request for Authorization form was not submitted within the medical records. The request was for ketamine

5% cream 60 g quantity 1 for neuropathic pain, Diclofenac sodium 1.5% 60 g quantity 1 to decrease swelling and inflammation, and Buprenorphine 0.1 mg sublingual triches 30 pieces quantity 120 for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 5 percent Cream 60 grams Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112, 113.

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

Decision rationale: The request for ketamine 5% cream 60 g quantity 1 is not medically necessary. The injured worker's been utilizing this medication since at least 01/2014. The California Chronic Pain Medical Treatment Guidelines state that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines state ketamine is under study and only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment have been exhausted. Topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia and both have shown encouraging results. The injured worker reported the ketamine worked the best to reduce her pain; however there is a lack of significant pain relief on a numeric scale or improved functional status. Additionally, the request failed to provide the frequency at which the medication is to be utilized. Therefore, the request is not medically necessary.

Diclofenac Sodium 1.5 percent 60 grams Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDsNSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for Diclofenac sodium 1.5% 60 g quantity 1 is not medically necessary. The injured worker's been utilizing this medication since at least 03/2014. The California Chronic Pain Medical Treatment Guidelines recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not

recommended is not recommended. The guidelines state the efficacy and clinical trials for topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical 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. In this study, the effect did appear to diminish over time and it was stated that further research was required to determine if results were similar for all preparations. The guidelines indications for topical NSAIDs are osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable to topical treatment for short term use (4 to 12 weeks). The guidelines do not recommend topical NSAIDs for neuropathic pain as there is no evidence to support use. The FDA approved agents include Voltaren gel 1% for relief of osteoarthritis pain in joints that lend themselves to topical treatments (ankle, elbow, foot, hand, knee, and wrist). The injured worker revealed the Diclofenac worked well for her pain; however she does not have a diagnosis consistent with osteoarthritis. The guidelines do not recommend Diclofenac for neuropathic pain. Additionally, the request for Diclofenac 1.5% exceeds guideline recommendations of 1% and the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Buprenorphine 0.1mg sublingual triches 30 pc Qty: 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

Decision rationale: The request for Buprenorphine 0.1 mg sublingual triches 30 piece qty: 120 is not medically necessary. The injured worker's been utilizing this medication since at least 03/2014. The California Chronic Pain Medical Treatment Guidelines recommend buprenorphine for treatment of opioid addiction. The guidelines also recommend it as an option for chronic pain, especially after detoxification in patients who have a history of opioid addiction. The guidelines indications for buprenorphine are treatment of opioid agonist dependents. When used for treatment of opioid dependence, clinicians must be in compliance with the Drug Addiction Treatment Act of 2000. The guidelines recommend buprenorphine for opioid withdrawal and there is a lack of evidence regarding opioid dependence to warrant this medication. The injured worker indicated this medication worked well, however there was a lack of documentation regarding significant pain relief on a numerical scale and improved functional status. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.