

<b>Case Number:</b>	CM14-0109510		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	11/14/2008
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 56-year-old female who reported an injury on 11/14/2008. Prior treatments were noted to include physical therapy, a home exercise program, splinting, and oral medications. The mechanism of injury was not provided. The injured worker was noted to trial gabapentin and discontinue it secondary to hair loss. The injured worker had tried several NSAIDs such as naproxen and ibuprofen without benefit. The documentation of 04/16/2014 revealed the injured worker had chronic pain. The injured worker indicated carpal tunnel syndrome pain was increasing. The injured worker noted difficulty lifting with the left upper extremity due to thumb pain. The physical examination revealed no swelling, erythema, or temperature change and passive wrist range of motion was grossly intact. The grip strength was decreased on the left compared to the right. The Tinel's sign was positive bilaterally. The documentation indicated the injured worker's current medications included capsaicin 0.075% cream apply to affected area 3 times a day, and ketamine 5% cream 60 gm apply to affected area 3 times a day. The diagnoses included carpal tunnel syndrome and pain in the joint and shoulder and the treatment plan included continuation of the medications. Subsequent documentation of 06/30/2014 revealed the injured worker was utilizing the medications for neuropathic pain. Additionally, it was indicated the injured worker had recently been diagnosed with polycystic kidney disease and the physician would like to minimize the intake of oral medications. The documentation indicated the injured worker had utilized the medications since at least 01/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective DOS: 4/16/14 Capsaicin Cream 0.75%: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Topical Analgesic

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Capsaicin, Topical Analgesics Page(s): 28, 111.

**Decision rationale:** The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety ... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed ... Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended ... Capsaicin: Recommended only as an option in patients who have not responded or are intolerant to other treatments ... There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. The clinical documentation submitted for review indicated the injured worker was utilizing the medication since at least 01/2014. However, there was a lack of documentation of objective functional benefit that was received from the medication. The request as submitted failed to indicate the frequency and the quantity of medication being requested. Given the above the request for retrospective DOS: 4/16/14 Capsaicin Cream 0.75% is not medically necessary.

**Retrospective DOS: 4/16/14 Ketamine cream 5%: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22,67-68.

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

**Decision rationale:** The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety ... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed ... Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketamine is under study and is only recommended in treatment of neuropathic pain which is refractory to all primary and secondary treatment. The clinical documentation submitted for review indicated the medication was being utilized for neuropathic pain. There was documentation the injured worker had trialed NSAIDs and had trialed anti-epileptic medications. The anti-epileptic medication had to be stopped due to side effects. This request would be supported. However, the request as submitted failed to indicate the frequency and quantity for the requested medication. Given the above the request for retrospective DOS: 4/16/14 Ketamine cream 5% is not medically necessary.

