

Case Number:	CM14-0014063		
Date Assigned:	02/21/2014	Date of Injury:	04/11/2008
Decision Date:	06/27/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/04/2014

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 Occupational Medicine, 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 applicant has filed a claim for chronic neck and upper extremity pain reportedly associated with cumulative trauma at work first claimed on April 11, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; opioid therapy; unspecified amounts of acupuncture; and topical compounded drugs. In a Utilization Review Report dated January 24, 2014, the claims administrator denied request for diclofenac-containing cream, approved a request for Prozac, denied a request for ketamine-containing cream, denied a request for cyclobenzaprine, and denied a request for Vicodin. The applicant's attorney subsequently appealed. In a January 23, 2014 progress report, the applicant was described as reporting persistent neck and right upper extremity pain. The applicant was using a TENS (transcutaneous electrical nerve stimulator) unit on a daily basis. The attending provider stated that the applicant's usage of medications improved pain and function, although this was not detailed or expounded upon. The applicant was on morphine, Voltaren gel, Prozac, ketamine, Flexeril, Vicodin, and Flexall gel, it was stated. Operating diagnoses included shoulder pain, adhesive capsulitis, depression, and chronic neck pain. Additional physical therapy was sought. Permanent work restrictions were renewed. It did not appear that the applicant was working with said limitations in place. In a December 12, 2013 progress note, the applicant was described as reporting persistent complaints of neck and shoulder pain, reportedly worsened secondary to cold weather. It was stated that the applicant's usage of medications were allowing for better pain and function; however, it was not stated what precisely had been ameliorated. One of the medications, however, gabapentin was discontinued on the grounds that it was ineffectual.

IMR ISSUES, DECISIONS AND RATIONALES

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

DICLOFENAC SODIUM 1.5% 60GM #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, PAGE 112

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 112.

Decision rationale: According to the Chronic Pain Guidelines, diclofenac or Voltaren gel is indicated in the treatment of small joint arthritis which lends itself toward topical treatment, such as, for instance, the knees, hands, wrists, ankles, elbows, etc. In this case, however, the applicant's issues are a function of ongoing neck and shoulder pain. There is no evidence, thus, that the applicant carries a diagnosis of small joint arthritis which would lend itself to topical treatment. Therefore, the request is not medically necessary.

KETAMINE 5% CREAM 60GR #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, PAGE 113

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine topic. Page(s): 56.

Decision rationale: According to the Chronic Pain Guidelines, ketamine is "not recommended." There is insufficient evidence to support to usage of ketamine in the treatment of chronic pain, as is present here. In this case, the attending provider has not furnished any applicant-specific rationale, narrative, or commentary which would offset the unfavorable guidelines recommendation. It is further noted that, as with the other medications, that the application has used this and other drugs for some time and has failed to affect any lasting benefit or functional improvement through ongoing usage of the same. The applicant remains off of work. Permanent work restrictions remain in place. The applicant remains highly reliant and highly dependent on various forms of medical treatment, including opioid medications, despite prior usage of the ketamine gel. Therefore, the request is not medically necessary.

CYCLOBENZAPRINE-FLEXERIL 7.5MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSLCE RELAXANTS FOR PAIN,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic. Page(s): 41.

Decision rationale: According to the Chronic Pain Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using numerous other analgesic, adjuvant, and psychotropic medications. Adding cyclobenzaprine to the mix is not recommended. Therefore, the request is not medically necessary.

HYDROCODONE/APAP 5/500MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, PAGE 91. Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, When to Continue Opioids topic. Page(s): 80.

Decision rationale: According to the Chronic Pain Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of ongoing opioid therapy. In this case, however, these criteria have not been met. The applicant is off of work. While the attending provider has suggested that the applicant's pain levels and function have been diminished and ameliorated as a result of ongoing opioid therapy, respectively, he has not elaborated nor expounded upon to what extent or degree the applicant's pain levels have been specifically diminished as a result of ongoing Vicodin usage. The attending provider has not stated specifically which activities of daily living have been ameliorated with ongoing Vicodin use. Therefore, the request is not medically necessary.