

Case Number:	CM14-0110216		
Date Assigned:	09/19/2014	Date of Injury:	01/30/2009
Decision Date:	10/17/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	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 Physical Medicine and 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:

This 57 year-old patient sustained a cumulative trauma injury on 1/30/09. Request(s) under consideration include topical ketamine 5% cream 60 grams Qty 1 and diclofenac 1.5% cream 60 grams Qty 1. Diagnoses include lumbar sprain/strain/ disc displacement; pelvic joint pain status post THR (total hip replacement); and psychogenic pain. Conservative care has included medications, therapy, HEP (home exercise program), TENS, acupuncture, and modified activities/rest. MRI of the lumbar spine dated 10/3/12 multilevel disc protrusion with L4 foraminal stenosis and nerve root compromise. Medications list Advil, Tylenol, Famotidine, and Simvastatin. Report of 6/26/14 from the provider noted the patient with ongoing chronic hip and low back pain rated at 5/10 with radiation to the knee. The patient was noted to have improvement in pain and function with use of topical agents. Exam showed limited lumbar range of 20% extension and lateral rotation; full right hip range; tenderness over lumbosacral junction and greater trochanter; negative SLR (straight leg raise); and non-focal sensorimotor testing. The request(s) for topical ketamine 5% cream 60 grams Qty 1 and diclofenac 1.5% cream 60 grams Qty 1 were non-certified on 7/7/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETAMINE 5% CREAM 60 GRAMS Qty 1: Upheld

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

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

Decision rationale: Although ketamine topical may be an option for chronic pain, there are no published controlled studies. Chronic pain guidelines states patients with incapacitating, otherwise intractable, chronic pain may accept side effects from a treatment if pain relief is sufficiently effective; In some patients, ketamine has proved effective and, on this basis, a trial of ketamine is probably warranted for the patient with severe chronic pain that is incapacitating and refractory to other first- and second-line pharmacological therapies; however, that has not been demonstrated for this patient with persistent severe chronic pain without any specific functional improvement from long-term use of this topical analgesics. The patient continues with unchanged medication formulation and clinical findings without any decrease in medical utilization for this 2009 chronic injury. Medical necessity has not been established for this previously non-certified medication; Without any change documented from treatment already rendered for this patient on multiple other oral medications without clear contraindication. The ketamine 5% cream 60grams Qty 1 is not medically necessary and appropriate.

DICLOFENAC 1.5% CREAM 60 GRAMS Qty 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 111-113;22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for this chronic injury nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs are a second line medication after use of acetaminophen. Additionally, per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. Submitted reports have not demonstrated how it is medically necessary to treat this injured worker with a topical compound cream who is not intolerable to oral medications. The diclofenac 1.5% cream 60 grams Qty 1 is not medically necessary and appropriate.

