

Case Number:	CM14-0117632		
Date Assigned:	09/22/2014	Date of Injury:	11/13/2002
Decision Date:	10/24/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/25/2014

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 Illinois. 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 55-year-old female with a reported date of injury on 11/13/2002. The injury reportedly occurred when the injured worker was sitting in a chair and a coworker pulled the chair, and she fell. Her diagnoses were noted to include carpal tunnel syndrome, lower leg joint pain, and lumbar spine. Her previous treatments were noted to include a TENS unit, physical therapy, acupuncture, oral medications, and topical medications. The progress note dated 03/31/2014 revealed complaints of back pain, bilateral elbow pain, left wrist pain, and bilateral upper extremity pain. The injured worker indicated she utilized ketamine 5% cream and capsaicin 0.075% cream topically to the wrist and elbows. The cream was affected and she noted a difference since the diclofenac cream had been denied. The physical examination was not submitted within the medical records. The injured worker indicated that her function was improved with medication including the creams that she utilized and the capsaicin and ketamine cream decreased the burning nature of her pain without side effects. The Request for Authorization form dated 06/26/2014 was for the retrospective request for topical ketamine 5% and capsaicin 0.075% cream 60 g for date of service 03/31/2014 for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for topical Ketamine 5% on 3/31/14: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Anti-inflammatory

Medications Page(s): 22, 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

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

Decision rationale: The injured worker has been utilizing this medication since at least 01/2014. The California Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. Ketamine is under study, and is only recommended in the treatment of neuropathic pain, which is refractory to all primary and secondary treatment. The complaints of the injured worker were not consistent with neuropathic pain to warrant topical analgesics. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Retrospective request for Capsaicin 0.075% cream 60gm on 3/31/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 29-30 and 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

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

Decision rationale: The injured worker has been utilizing this medication since at least 01/2014. The California Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended, is not recommended. Capsaicin is 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 0.025% formulation would provide any further efficacy. Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis), and a 0.075% formulation (primarily studied for postherpetic neuralgia, diabetic neuropathy, and postmastectomy pain). There is lack of documentation regarding the injured worker having neuropathic pain to warrant capsaicin, and the guidelines recommend 0.075% formulation for postherpetic neuralgia, diabetic neuropathy, and postmastectomy pain. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

