

<b>Case Number:</b>	CM14-0123824		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	06/06/2013
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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:

This is a 75 year old male with a 6/8/2013 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 7/15/14 noted subjective complaints of wrist pain. Objective findings included tenderness over the right dorsal aspect of the hand. Diagnostic Impression: crush injury right hand, right upper extremity neuropathic pain syndrome. Treatment to date includes medication management, acupuncture, and physical therapy. A UR decision dated 7/29/14 denied the request for tramadol/acetaminophen 37.5/325 mg #90. There is no evidence of objective functional benefits with the prior use of this medication. It also denied Ketamine 5% cream 60 gr. There remains no indication of failed first-line recommendations of oral anti-depressants and anticonvulsants.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol/Acetaminophen 37.5/325 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid use for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2013 date of injury, the continued use opiates is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued functional benefit. Although opiates may be appropriate, additional information would be necessary, as the California MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Therefore, the request for prospective use of Tramadol/Acetaminophen 37.5/325 mg #90 is not medically necessary.

**Ketamine 5% cream 60 gr:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

**Decision rationale:** The California MTUS states that 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 exact mechanism of action remains undetermined. However, there is no documentation of CRPS or post-herpetic neuralgia in this case. Additionally, there is no documentation of failure of antidepressants and/or antiepileptics for his neuropathic pain. There is no evidence to support the use of topical ketamine for this patient. Therefore, the request for prospective use of Ketamine 5% cream 60 gr is not medically necessary.