

<b>Case Number:</b>	CM14-0125272		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	07/21/1993
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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 Nevada. 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 54-year-old female who was reportedly injured on July 21, 1993. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated February 12, 2014, indicates that there are ongoing complaints of neck pain and bilateral shoulder pain as well as paresthesias of the upper extremities and weakness of left hand grip strength. Current medication includes Xanax. The physical examination demonstrated decreased cervical spine range of motion and spasms of the left lower trapezius, levator scapulae, and rhomboid muscles. Spasms were noted along the lumbar spine from L3 to the sacrum. There was decreased sensation in the right S1 dermatomes. The treatment plan on this date included a left shoulder corticosteroid injection, a left L5 facet injection, and prescriptions of Pristiq, a topical analgesic cream, Norco, tramadol, soma, and Tizanidine. Diagnostic imaging studies were not reviewed on this date. Previous treatment includes oral medications and a lumbar support brace. A request had been made for Ketamine Hydrochloride powder and Flurbiprofen powder and was not certified in the pre-authorization process on July 7, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketamine Hydrochloride 100% powder qty #360:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 112.

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

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines the only medications indicated for topical usage are anti-inflammatory medications, Lidocaine, and Capsaicin cream. There is no indication that any other topical agents have any efficacy. Considering this, the request for Ketamine Hydrochloride powder is not medically necessary.

**Flubiprofen powder form:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disabilities guidelines.

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

**Decision rationale:** The California MTUS guidelines support topical NSAIDs for the short-term treatment of acute pain for short-term use for individuals unable to tolerate oral administration, or for whom oral administration is contraindicated. Additionally topical anti-inflammatory medications are only indicated for joints amenable the topical treatment such as the elbow or knee. There is little evidence to support treatment of osteoarthritis of the spine. The record provides no documentation that the claimant has or is taking an oral anti-inflammatory and there was a diagnosis of a spinal problem. Considering this, the request for Flurbiprofen powder is not medically necessary.