

Case Number:	CM14-0132143		
Date Assigned:	08/22/2014	Date of Injury:	02/05/2005
Decision Date:	10/08/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/18/2014

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 is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 5, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; a TENS unit; unspecified amounts of physical therapy; and muscle relaxants. In a Utilization Review Report dated July 23, 2014, the claims administrator denied a request for several topical compounded drugs. Non-MTUS ODG guidelines were invoked, despite the fact that the MTUS addressed the topics at hand. The claims administrator denied both of the drugs on the grounds that these medications were "N" drugs on the ODG formulary, despite the fact that California has not adopted the same. The applicant's attorney subsequently appealed. In a June 11, 2014 progress note, the applicant reported persistent complaints of low back pain radiating to the leg. The applicant was not working, although it was acknowledged that the applicant was trying to exercise in a pool setting. The applicant was seeing a psychologist. The applicant stated that he was trying to find volunteer opportunities. The applicant had issues with schizophrenia and diabetes status post multiple suicidal attempts, it was noted. The applicant's medication list included a diclofenac-containing cream, a ketamine-containing cream, Norflex, nabumetone, Advair, aspirin, Klonopin, metformin, Zocor, benazepril, Dexilant, Colace, Wellbutrin, and albuterol, it was stated. Permanent work restrictions were endorsed. The applicant had reportedly completed a functional restoration program, it was stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for topical Diclofenac Sodium 1.5%, 60grams, on the service date of 03/19/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and Topical NSAIDS (Non-Steroidal Anti-Inflamma.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Diclofenac/Voltaren section. Page(s): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Voltaren/diclofenac is indicated in the treatment of small joint arthritis or small joint tendinitis which lends itself toward topical application, such as, for instance, the knees, hands, wrists, ankles, feet, etc. In this case, however, the applicant's primary pain generator is the low back. This is not an area typically considered amenable to topical application. Page 112 of the MTUS Chronic Pain Medical Treatment Guidelines goes on to note that topical diclofenac/Voltaren has not been evaluated for treatment involving the spine, the principal pain generator here. No rationale for selection and/or ongoing usage of this particular drug in the face of the unfavorable MTUS position on the same was proffered by the attending provider. It is further noted that the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Relafen, Norflex, etc., effectively obviates the need for the topical drug at issue. Therefore, the request was not medically necessary.

Retrospective request for topical Ketamine 5% cream, 60 grams, on the service date of 03/19/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics and Topical NSAIDS (Non-Steroidal Anti-Inflamma.

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

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, ketamine is considered "under study" and is only recommended for the treatment of neuropathic pain in refractory cases in which all primary and secondary treatments have been exhausted. In this case, as with the request with the diclofenac-containing cream, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Norflex, Relafen, etc., effectively obviates the need for the ketamine-containing cream. Therefore, the request was not medically necessary.