

Case Number:	CM14-0137944		
Date Assigned:	09/05/2014	Date of Injury:	06/03/2011
Decision Date:	09/25/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/26/2014

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 Emergency 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 injured worker is a 64 year-old female, who sustained an injury on June 3, 2011. The mechanism of injury is not noted. Diagnostics have included: October 22, 2013 EMG reported as showing bilateral carpal tunnel syndrome, bilateral ulnar sensory mononeuropathy, bilateral C5 radiculopathy; Cervical MRI dated September 17, 2013 reported as showing C3-5 severe facet arthropathy and right-sided foramina stenosis. Treatments have included: medications, cervical epidural injections, biofeedback, acupuncture, physical therapy. The current diagnoses are: cervical pain, cervical spine stenosis, post-traumatic headache, depression, anxiety. The stated purpose of the request for Capsaicin 0.075% Cream was not noted. The request for Capsaicin 0.075% Cream was denied on July 31, 2013, citing a lack of documentation of evidence based effectiveness. The stated purpose of the request for Ketamine 5% Cream 60 Gm was not noted. The request for Ketamine 5% Cream 60 Gm was denied on July 31, 2014, citing a lack of documentation of evidence based effectiveness. Per the report dated July 22, 2014, the treating physician noted greater pain than before a recent cervical epidural steroid injection, with pain to the right neck and arm and left forearm. Exam findings were non-contributory. Per the report dated March 17, 2014, the treating physician noted complaints of neck and right upper extremity pain with numbness and tingling to the right fingers. Exam findings included right shoulder tenderness with restricted range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.075% Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

Decision rationale: The requested Capsaicin 0.075% Cream, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has neck and right upper extremity pain with numbness and tingling to the right fingers. The treating physician has documented right shoulder tenderness with restricted range of motion. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis. The criteria noted above not having been met, Capsaicin 0.075% Cream is not medically necessary.

Ketamine 5% Cream 60 Gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

Decision rationale: The requested Ketamine 5% Cream 60 Gm, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has neck and right upper extremity pain with numbness and tingling to the right fingers. The treating physician has documented right shoulder tenderness with restricted range of motion. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis. The criteria noted above not having been met, Ketamine 5% Cream 60 Gm is not medically necessary.