

Case Number:	CM14-0169035		
Date Assigned:	10/20/2014	Date of Injury:	03/05/2012
Decision Date:	11/20/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/14/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 43-year-old female with a 3/5/12 date of injury. At the time (9/29/14) of request for authorization for Diclofenac Sodium 1.5% cream to affected area 3 times daily 60 grams (RX 09/02/14) and Ketamine 5% cream to affected area 3 times daily 60 grams (RX 09/02/14), there is documentation of subjective (persistent neck pain radiating down the right upper extremity into the right hand, intermittent numbness and tingling) and objective (some cervical spasms, myofascial tenderness in the flexor-extensors compartments of the forearm and in the lateral epicondylar and medial epicondylar regions) findings, current diagnoses (chronic cervical strain, medial and lateral epicondylitis, and probable ulnar and median nerve irritability), and treatment to date (physical therapy, acupuncture, massage and medications (including ongoing use of Ketamine and Diclofenac creams) and trials of gabapentin and Nortriptyline). 9/3/14 medical report identifies that the patient states that Ketamine and Diclofenac creams continue to help with local relief of pain. In addition, 9/3/14 medical report identifies that Diclofenac cream helps to decrease the need to use more pain medications. Regarding the requested Diclofenac Sodium 1.5% cream to affected area 3 times daily 60 grams (RX 09/02/14), there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist), failure of an oral NSAID or contraindications to oral NSAIDs, and an intention for short-term use (4-12 weeks). Regarding the requested Ketamine 5% cream to affected area 3 times daily 60 grams (RX 09/02/14), there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Ketamine cream use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium 1.5% cream to affected area 3 times daily 60 grams (RX 09/02/14):

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Diclofenac, topical

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Diclofenac sodium, Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of Diclofenac Sodium 1.5%. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs and used as second line treatment, as criteria necessary to support the medical necessity of Diclofenac Sodium Gel. Within the medical information available for review, there is documentation of diagnoses of chronic cervical strain, medial and lateral epicondylitis, and probable ulnar and median nerve irritability. In addition, there is documentation that Diclofenac cream is being used as a second line treatment and a reduction in the use of medications as a result of Diclofenac cream use to date. However, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). In addition, there is no documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Furthermore, given medical records ongoing use of Diclofenac cream, there is no documentation of an intention for short-term use (4-12 weeks). Therefore, based on guidelines and a review of the evidence, the request for Diclofenac Sodium 1.5% cream to affected area 3 times daily 60 grams (RX 09/02/14) is not medically necessary.

Ketamine 5% cream to affected area 3 times daily 60 grams (RX 09/02/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, and NSAIDs Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain when all primary and secondary options have been exhausted to support the medical necessity of topical ketamine. MTUS-Definitions identifies that any

treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic cervical strain, medial and lateral epicondylitis, and probable ulnar and median nerve irritability. In addition, there is documentation of neuropathic pain and that primary and secondary options have been exhausted. However, given medical records reflecting ongoing use of Ketamine cream, and despite documentation that Ketamine cream continues to help with local relief of pain, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Ketamine cream use to date. Therefore, based on guidelines and a review of the evidence, the request for Ketamine 5% cream to affected area 3 times daily 60 grams (RX 09/02/14) is not medically necessary.