

Case Number:	CM14-0026125		
Date Assigned:	06/13/2014	Date of Injury:	12/27/2003
Decision Date:	07/16/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	03/03/2014

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 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 52 year-old patient sustained an injury on 12/27/03 while employed by [REDACTED]. Requests under consideration include Topical Capsaicin 0.075% Cream, Topical Ketamine 5% Cream 60 gm. Diagnoses include Lumbar disc displacement/ degeneration, stenosis without myelopathy, shoulder joint pain, cervical disc displacement, psychogenic pain, and chronic pain NEC. MRI of lumbar spine dated 7/31/13 showed multilevel disc protrusion and degenerative changes with foraminal stenosis at L5-S1 and facet arthropathy at L4-5. The patient has received multiple lumbar injections including facet blocks in March 2012. A report on 7/22/13 from the provider noted patient with good progression with cervical fusion but is having increased low back pain radiating to legs with numbness and weakness. A report of 10/7/13 from PA-c for provider noted unchanged left upper arm and neck pain with numbness and tingling in both arms s/p cervical spinal fusion on 1/15/13 along with continued low back and leg complaints. Exam showed decreased range with decreased sensation at L4 and L5 dermatomes; positive SLR with motor function intact. Treatment included oral Norco, Gabapentin, Naprosy and topical compound creams. Requests for topical capsaicin 0.075% cream and topical Ketamine 5% cream were non-certified on 1/30/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST: TOPICAL CAPSAICIN 0.075% CREAM: Upheld

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

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

Decision rationale: Treatment included oral Norco, Gabapentin, Naprosy and topical compound creams. The requests for retrospective request: topical capsaicin 0.075% cream and topical Ketamine 5% cream 60 gm were non-certified on 1/30/14 citing guidelines criteria and lack of medical necessity. Although Ketamine topical may be an option for chronic pain, there are no published controlled studies. Chronic pain guidelines states patients with incapacitating, otherwise intractable, chronic pain may accept side effects from a treatment if pain relief is sufficiently effective. In some patients Ketamine has proved effective and on this basis, a trial of Ketamine is warranted for the patient with severe chronic pain that is incapacitating and refractory to other first- and second-line pharmacological therapies. However, that has not been demonstrated for this patient with persistent severe chronic pain without any specific functional improvement from long-term use of this topical analgesic. The patient continues with unchanged opiate formulation and clinical findings without any weaning attempted or decrease in medical utilization seen for this chronic injury. Medical necessity has not been established for this previously non-certified medication; Without any change documented from treatment already rendered for this patient on multiple other oral medications without clear contraindication. The request for topical Ketamine 5% cream 60 gm is not medically necessary and appropriate.

RETROSPECTIVE REQUEST: TOPICAL KETAMINE 5% CREAM 60 GM
QUANTITY: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Page(s): 28-29.

Decision rationale: MRI of lumbar spine dated 7/31/13 showed multilevel disc protrusion and degenerative changes with foraminal stenosis at L5-S1 and facet Arthropathy at L4-5. The patient has received multiple lumbar injections including facet blocks in March 2012. A report on 7/22/13 from the provider noted patient with good progression with cervical fusion but is having increased low back pain radiating to legs with numbness and weakness. Another report from 10/7/13 from PA-c for provider noted unchanged left upper arm and neck pain with numbness and tingling in both arms s/p cervical spinal fusion on 1/15/13 along with continued low back and leg complaints. An exam showed decreased range with decreased sensation at L4 and L5 dermatomes; positive SLR with motor function intact. Treatment included oral Norco, Gabapentin, Naprosy and topical compound creams. Guidelines support topical Capsaicin 0.025% formulation in patients with osteoarthritis, fibromylgia, and chronic non-specific back pain, but is considered experimental in higher formulated doses such as requested 0.075%; and criteria is not met in this case for diagnoses. Additionally, per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and

most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this chronic injury of 2003 without documented functional improvement from treatment already rendered. The request for Topical Capsaicin 0.075% Cream is not medically necessary and appropriate.