

Case Number:	CM14-0038703		
Date Assigned:	06/27/2014	Date of Injury:	12/20/2010
Decision Date:	08/19/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/02/2014

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:

Patient is a 51-year-old female who has submitted a claim for osteoarthritis of right carpal metacarpal joint of the right thumb, chronic pain, and tenosynovitis associated with an industrial injury date of 12/20/2011. Medical records from 2013 to 2014 were reviewed. Patient complained of right hand pain and numbness, aggravated by lifting, grasping, and pulling. Application of topical medications alleviated the pain. Patient had a history of gastritis, vomiting, and bowel irregularity. Physical examination of the right wrist showed tenderness, positive Phalen's test, weak grip strength, and mildly positive Finkelstein's test. Electromyography (EMG) of the right upper extremity from 5/14/13 demonstrated moderate demyelinating median neuropathy at the right wrist. Treatment to date has included steroid injections, acupuncture, physical therapy, and medications. Utilization review from 03/21/2014 denied the requests for ketamine 5% cream to affected area 3 times daily 60 grams and diclofenac sodium 1.5% to affected area 3 times daily as needed 60 grams because there was no evidence that trials of antidepressants and anticonvulsants had failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 5% cream TID 60 gms: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine, Topical Analgesics Page(s): 56, 111-112.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines pages 111-112 indicate that topical analgesics are largely experimental and used with few randomized controlled trials to determine their efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Page 56 states that ketamine may offer a promising therapeutic option in the treatment of appropriately selected patients with intractable complex regional pain syndrome. In this case, patient has been on ketamine cream since August 2013. Patient was initially on gabapentin however, persistence of neuropathic pain symptoms prompted adjuvant therapy with ketamine cream. She reported pain relief and functional improvement upon its use. The medical necessity for continuing its treatment has been established. However, the request failed to specify quantity to be dispensed. The request is incomplete; therefore, the request for ketamine cream 5% TID 60 gms is not medically necessary.

Diclofenac sodium 1.5% TID 60 gms: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: As stated on pages 111-112 of California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, topical Non-steroidal anti-inflammatory drug (NSAIDs) have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. This is particularly indicated for osteoarthritis and tendinitis of the knee, elbow or other joints for short-term use (4-12 weeks). In this case, patient was prescribed topical diclofenac since February 2014 because of history of gastric upset from oral medication intake. Patient reported pain relief and functional improvement upon topical diclofenac use. The medical necessity for continuing its treatment has been established. However, the request failed to specify quantity to be dispensed. The request is incomplete; therefore, the request for Diclofenac sodium 1.5% TID 60 gms is not medically necessary.