

Case Number:	CM14-0040087		
Date Assigned:	06/27/2014	Date of Injury:	11/18/2010
Decision Date:	12/30/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/04/2014

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, has a subspecialty in Interventional Spine 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 patient is a 36 year old female with the injury date of 03/11/2014. The patient presents with pain in her neck and upper extremities, right side worse than left. The patient also presents with carpal tunnel syndrome. The patient describes her pain as numbing, tingling, electric shock plus constant tightness over her shoulders and arms. The patient rates her pain as 6/10, aggravated by her activities. There is diffuse palpative tenderness along the bilateral shoulder, trapezius, and cervicobrachial regions bilaterally. The patient has received chiropractic, massage and functional restoration program, with benefit. Per 02/20/2014 report, the patient is taking Ketamine, Tramadol, Escitalopram, and Thermacare heat wrap. The patient is permanent and stationary. Diagnosis on 02/10/2014 is carpal tunnel syndrome-S/P right CTR 11/2011. The utilization review determination being challenged is dated on 03/11/2014. Treatment reports were provided from 11/18/2013 to 02/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 37.5/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88, 89, 76-78.

Decision rationale: The patient presents with pain and weakness in her neck, shoulders and arms. The patient is s/p right carpal tunnel release in November 2011. The request is for Tramadol 37.5/325mg #90. The review of the reports shows that the patient has been utilizing Tramadol/apap 37.5/325mg 1po qid as needed for pain since at least 11/18/2013. The MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The 01/13/2014 report shows "Tramadol helps, although she notes it does not help much. She notes that Tramadol will decrease the pain to 4/10. She will get relief from the Tramadol although notes it is not 100%." While analgesia is discussed it does not appear significant. Specific ADL's are not mentioned. No side effects are discussed and aberrant behavior is not addressed through urine toxicology, Cures and pain contracts. The request is not medically necessary.

Ketamine 5% 60gm: 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 Analgesic Page(s): 111-113.

Decision rationale: The patient presents with pain and weakness in her neck, shoulders and arms. The patient is s/p right carpal tunnel release in November 2011. The request is for Ketamine 5% 60mg. The MTUS guidelines page 111 states that Ketamine is under study. It is "only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia and both have shown encouraging results. The exact mechanism of action remains undetermined. (Gammaitoni, 2000) (Lynch, 2005) See also Glucosamine (and Chondroitin Sulfate)." The patient has been utilizing Ketamine 5% cream since at least 11/18/2013. Per 11/18/2013 report, the patient reports that "Ketamine creams do help with local relief of pain at the upper extremities. She is able to grip and grasp better with less pain." However, none of the reports document CRPS or post-herpetic neuralgia diagnosis for which topical Ketamine is indicated per MTUS. The request is not medically necessary.