

<b>Case Number:</b>	CM14-0044568		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	06/28/2011
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 and Pain Medicine, and is licensed to practice in Florida. 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 58-year-old female who reported an injury on 6/28/11 due to a mechanism of injury that was not provided for review. The injured worker complained of bilateral upper extremity pain. On 4/8/14, the physical examination revealed pain with flexion and extension and ulnar deviation on the right with her wrists bilaterally. The right wrist had edema compared to the left. There was decreased grip strength on the right wrist. There were no diagnostic studies submitted for review. The injured worker had diagnoses of carpal tunnel syndrome, and pain psychogenic not elsewhere classified. The past treatment included right carpal tunnel release on 8/16/12. The injured worker's medications included Motrin 800 mg, capsaicin 0.075% cream, ketamine 5% cream 60 gm, Topamax 25 mg, hydrochlorothiazide 25 mg, lisinopril 20 mg, and clonidine HCl 0.1 mg. The physician stated he intended to refill her topical creams which helped her with pain and neuropathic symptoms. The injured worker stated that the creams helped her significantly and allowed her to use her hands and arms for more activity.

### 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:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The California MTUS Guidelines recommend the use of capsaicin for patients with osteoarthritis, postherpetic neuralgia, diabetic neuropathy, and post mastectomy pain. The guidelines recommend the use of capsaicin only as an option in patients who have not responded or are intolerant to other treatments. The injured worker specified that the cream does help her to perform daily tasks; however, the requesting physician did not indicate why the injured worker would need the cream versus oral medication. The 0.075% formulation of capsaicin is used primarily for post-herpetic neuralgia, diabetic neuropathy, and post mastectomy pain. The injured worker had a diagnosis of carpal tunnel syndrome, which is inconsistent with the guideline recommendations for the use of capsaicin. Also, there is a lack of documentation indicating the presence of neuropathic pain. Additionally, the request does not indicate the frequency at which the medication is prescribed as well as the site at which it is to be applied in order to determine the necessity of the medication. Given the above, the request is not medically necessary.

**Ketamine 5% cream 60 gr:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state that ketamine cream is under study and is only recommended for the treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. The requesting physician did not provide documentation including an adequate and complete assessment of the injured worker demonstrating significant objective neurological deficits upon physical examination. There is no clear clinical rationale submitted indicating why the injured worker would require topical cream versus oral medication. Also, there is a lack of documentation regarding past treatment methods and their success or failure. The use of Ketamine for topical application is under study. Additionally, the request does not indicate the frequency at which the medication is prescribed as well as the site at which it is to be applied in order to determine the necessity of the medication. Given the above, the request is not medically necessary.