

Case Number:	CM14-0044693		
Date Assigned:	07/02/2014	Date of Injury:	12/25/2006
Decision Date:	12/24/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	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, 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 61-year-old female with a 12/25/06 date of injury. At the time (3/3/14) of the request for authorization for Ketamine 5% cream 60gr #3, Hydrocodone Bit/Apap 10/325 #150, and Diclofenac Sodium 1.5% 60gm #3, there is documentation of subjective (low back, leg and neck pain) and objective (none specified) findings, current diagnoses (cervical disc displacement without myelopathy, degeneration lumbar lumbosacral disc, pain in joint forearm, neck pain, pain in joint lower leg, pain in joint ankle foot, and right knee arthroscopy on 3/16/09), and treatment to date (medication including Hydrocodone bit/apap and Diclofenac Sodium 1.5% for at least 6 months). Regarding Ketamine 5% cream 60gr #3, there is no documentation that all primary and secondary options have been exhausted. Regarding Hydrocodone Bit/Apap 10/325 #150, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and 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 Hydrocodone/APAP use to date. Regarding Diclofenac Sodium 1.5% 60gm #3, there is no 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); 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 Diclofenac Sodium 1.5% use to date; and failure of an oral NSAID or contraindications to oral NSAIDs and used as second line treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 5% Cream 60gr #3: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment guidelines identifies documentation of neuropathic pain when all primary and secondary options have been exhausted, as criteria necessary to support the medical necessity of topical ketamine. Within the medical information available for review, there is documentation of diagnoses of cervical disc displacement without myelopathy, degeneration lumbar lumbosacral disc, pain in joint forearm, neck pain, pain in joint lower leg, pain in joint ankle foot, and right knee arthroscopy on 3/16/09. In addition, there is documentation of neuropathic pain. However, there is no documentation that all primary and secondary options have been exhausted. Therefore, based on guidelines and a review of the evidence, the request Ketamine 5% cream 60gr #3 is not medically necessary.

Hydrocodone Bit/Apap 10/325 #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioid Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. 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 cervical disc displacement without myelopathy, degeneration lumbar lumbosacral disc, pain in joint forearm, neck pain, pain in joint lower leg, pain in joint ankle foot, and right knee arthroscopy on 3/16/09. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given documentation of treatment with Hydrocodone/APAP for at least 6 months, 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 Hydrocodone/APAP use to date.

Therefore, based on guidelines and a review of the evidence, the request for Hydrocodone Bit/Apap 10/325 #150 is not medically necessary.

Diclofenac Sodium 1.5% 60gm #3: Upheld

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

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, section 9792.20

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 cervical disc displacement without myelopathy, degeneration lumbar lumbosacral disc, pain in joint forearm, neck pain, pain in joint lower leg, pain in joint ankle foot, and right knee arthroscopy on 3/16/09. However, there is no 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). In addition, given documentation of treatment with Diclofenac Sodium 1.5% for at least 6 months, 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 Diclofenac Sodium 1.5% use to date. Furthermore, there is no documentation of failure of an oral NSAID or contraindications to oral NSAIDs and used as second line treatment. Therefore, based on guidelines and a review of the evidence, the request for Diclofenac Sodium 1.5% 60gm #3 is not medically necessary.