

Case Number:	CM14-0063045		
Date Assigned:	07/11/2014	Date of Injury:	08/21/2013
Decision Date:	09/17/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/05/2014

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 & Rehabilitation, has a subspecialty in Pain 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:

The injured worker is a 41-year-old female who reported an injury due to continuous trauma on 08/21/2013. On 04/23/2014, her diagnoses included right moderate carpal tunnel syndrome, tenosynovitis of the extensor tendons of the right wrist, and right lateral epicondylitis. An EMG/nerve conduction study of an unknown date revealed moderate right carpal tunnel syndrome with sensory and motor involvement. An MRI of the right wrist on 02/07/2014 showed a degeneration of the attachment of the triangular fibrocartilage complex but no tear. There was extensor tendinopathy. Her medications included Diclofenac 1.5% cream, Ketamine 5% cream, Tramadol/APAP 37.5/325 mg. and Gabapentin 600 mg. On 04/08/2014, a carpal tunnel release was suggested to her but she chose not to proceed with the surgery at that time. She wanted to exhaust all conservative treatments prior to any surgical options. There was no rationale included in this worker's chart. A request for authorization dated 04/10/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac sodium 1/5% 60gm #1 apply to affected area 3 times a day: Upheld

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

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

Decision rationale: The request for Diclofenac sodium 1/5% 60gm #1 apply to affected area 3 times a day is non-certified. The California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded for pain control, including NSAIDs. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. The only FDA approved NSAID for topical application is Voltaren gel 1% (Diclofenac), which is indicated for relief of osteoarthritis pain in joints. It is not approved in a topical gel form. Additionally, the body part or parts to which this cream was to have been applied was not specified. Therefore, this request for Diclofenac sodium 1/5% 60gm #1 apply to affected area 3 times a day is not medically necessary.

Ketamine 5% cream 60gm #1 apply to affected area 3 times a day: Upheld

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

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

Decision rationale: The request for Ketamine 5% cream 60gm #1 apply to affected area 3 times a day is not medically necessary. The California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded for pain control, including NSAIDs. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Ketamine is under study and 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 1 and postherpetic neuralgia, and both have shown encouraging results. The exact mechanism of action remains undetermined. The clinical information submitted failed to meet the evidence-based guidelines for topical analgesics. Additionally, the body part or parts to which this cream was to have been applied was not specified. Therefore, this request for Ketamine 5% cream 60gm #1 apply to affected area 3 times a day is not medically necessary.