MAXIMUS Federal Services

Case Number:	CM14-0066351		
Date Assigned:	07/11/2014	Date of Injury:	09/30/2000
Decision Date:	10/27/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/09/2014

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, has a subspecialty in Family Practice and is licensed to practice in Ohio. 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 73 year old male with a date of injury of 9/30/2000 although the exact injury is not clear from the records reviewed. His diagnoses include multi-level lumbar disc bulges with foraminal stenosis, lumbar radiculopathy, carpal tunnel syndrome, sensory and motor peripheral neuropathy of the upper extremities, shoulder joint pain related to joint arthroplasty, neck pain, and diabetes. He complains of low back pain, shoulder pain, and numbness.The physical exam reveals dimished lumbar range of motion and lumbar region spasm. It is not known if the peripheral neuropathy has been accepted to have industrial causation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 5% cream 60gr #1: Overturned

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

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

Decision rationale: Topical Ketamine is recommended as an option as indicated below. It is largely experimental in use with few randomized controlled trials to determine efficacy or safety.

The use is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. T hese agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. The use of ketamine topically 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. As the injured work already uses oral gabapentin (an anti-convulsant) and topical Capsacin and Lidoderm it seems that other options have been exhausted. Therefore, Ketamine 5% cream 60gr #1, is medically necessary.

Capsaicin 0.075% cream #1: 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 analgesics Page(s): 111-113.

Decision rationale: Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy. Indications: There are positive randomized studies with capsaicin cream in patients with osteoarthritis, fibromyalgia, and chronic non-specific back pain, but it should be considered experimental in very high doses. Although topical capsaicin has moderate to poor efficacy, it may be particularly useful (alone or in conjunction with other modalities) in patients whose pain has not been controlled successfully with conventional therapy.In this instance, the strength of capsaicin prescribed exceeds current recommendations under the guidelines above. Therefore, Capsaicin 0.075% cream #1, is not medically necessary.

Lidoderm 5% (700mg/patch) #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Pain>, <Lidoderm (patch)>

Decision rationale: Topical Lidocaine may be recommended for localized neuropathic pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Criteria for use of Lidoderm patches:(a) Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. (b) There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or

an AED such as gabapentin or Lyrica).(c) This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points.(d) An attempt to determine a neuropathic component of pain should be made if the plan is to apply this medication to areas of pain that are generally secondary to non-neuropathic mechanisms (such as the knee or isolated axial low back pain). One recognized method of testing is the use of the Neuropathic Pain Scale.(e) The area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day).(f) A Trial of patch treatment is recommended for a short-term period (no more than four weeks). (g) It is generally recommended that no other medication changes be made during the trial period.(h) Outcomes should be reported at the end of the trial including improvements in pain and function, and decrease in the use of other medications. If improvements cannot be determined, the medication should be discontinued.(i)Continued outcomes should be intermittently measured and if improvement does not continue, lidocaine patches should be discontinued.In this instance, there is no indication from the reviewed notes as to where the lidocaine patches are being applied. The injured worker has upper extremity peripheral neuropathy and presumably lower extremity radicular pain. Neither of these instances qualify as localized neuropathic pain. The injured worker also has carpal tunnel syndrome but it is unlikely that he is applying the Lidoderm to the hands. Therefore, Lidoderm 5% (700mg/patch) #60 is not medically necessary under the above guidelines.