

Case Number:	CM14-0072332		
Date Assigned:	07/16/2014	Date of Injury:	11/14/2008
Decision Date:	08/26/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/19/2014

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 Texas and Oklahoma. 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 56-year-old female who reported an injury on 11/14/2008. The mechanism of injury was repetitive motion. The diagnoses included carpal tunnel syndrome, pain in joint shoulder. Previous treatments include medication, EMG's (Electromyography), surgery. In the clinical note dated 04/16/2014, it was reported the injured worker complained of bilateral hand pain. The injured worker complained of pain mainly in the wrist, base of thumb and along the thumb. The injured worker reported weakness and difficulty lifting with the left upper extremity due to thumb pain. He rated her pain 10 out of 10 in severity. Upon the physical examination of the bilateral upper extremities, the provider noted passive wrist range of motion was grossly intact. The grip strength was decreased on the left compared to the right. The injured worker had a positive Tinel's sign bilaterally. The current medication regimen included, Capsaicin, Ketamine, Lidoderm patch, Tramadol, Diazepam, Diovan, Lisinopril. The provider requested for Ketamine, and Capsaicin, however, a rationale was not provided for clinical review. The Request for Authorization form was submitted and dated on 02/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 5% cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine Page(s): 56, 111-113.

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

Decision rationale: The injured worker complained of chronic bilateral hand pain. She reported pain at the wrist, base of thumb and along the thumb. She reported weakness and difficulty lifting with the upper extremity due to thumb pain. She rated her pain 10 out of 10 in severity. The California MTUS Guidelines note topical Non-Steroid Anti-Inflammatory Drugs (NSAIDs) are recommended for the use of osteoarthritis and tendonitis, in particular that of the knee and or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. There is little evidence to utilize topical Non-Steroid Anti-Inflammatory Drugs (NSAIDs) for the treatment of osteoarthritis of the spine, hip or shoulder. The guidelines note Ketamine is understudy and only recommended for the treatment of neuropathic pain in refractory cases in which all primary and secondary treatments have been exhausted. Topical Ketamine has only been studied for use in non-controlled studies for CRPS 1 (Complex Regional Pain Syndrome) and post herpetic neuralgia and both have been shown encouraging results. There is lack of documentation indicating the efficacy of the medication as evidence by significant functional improvement. The injured worker has been utilizing the medication since at least 09/2013, which exceeds the guideline recommendation of short-term use of 4 to 12 weeks. The request submitted failed to provide a treatment site. The request submitted failed to provide the quantity and frequency of the medication. Therefore, the request for Ketamine 5% cream is not medically necessary and appropriate.

Capsaicin 0.075%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28-29. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain Chapter.

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

Decision rationale: The injured worker complained of chronic bilateral hand pain. She reported pain in the wrist, base of thumb and along the thumb. The injured worker reported difficulty and weakness with lifting of the upper extremity due to the thumb pain. She rated her pain 10 out of 10 in severity. The California MTUS Guidelines note topical Non-Steroid Anti-Inflammatory Drugs (NSAIDs) are recommended for the use of osteoarthritis and tendonitis, in particular that of the knee and elbow and other joints that are amenable. Topical NSAIDs are recommended for short-term use of 4 to 12 weeks. There is little evidence to utilize topical Non-Steroid Anti-Inflammatory Drugs (NSAIDs) for the treatment of osteoarthritis of the spine, hip or shoulder. The guidelines note capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available in a 0.025% formulation, there have been no studies of a 0.0375 formulation of capsaicin and there is no current indication that an increase over 0.025% formulation will provide any further efficacy. There is lack of documentation indicating the injured worker had tried and failed on first line agents for the management of neuropathic pain. There is lack of documentation indicating the

efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency and quantity of the medication. The request submitted failed to provide the treatment site. Therefore, the request for Capsaicin 0.075% is not medically necessary and appropriate.