

Case Number:	CM14-0074131		
Date Assigned:	07/18/2014	Date of Injury:	12/20/2010
Decision Date:	09/23/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	05/21/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 52 year old female employee with date of injury of 12/20/2010. A review of the medical records indicates that the patient is undergoing treatment for chronic hand and wrist pain dating from an unspecified injury occurring in December 2010. Subjective complaints include constant right upper extremity pain aggravated by work. The patient complains of pain in right wrist and first/second digits and numbness in all right fingertips. Pain increases with grasping and lifting. Objective findings include hand/wrist tenosynovitis, chronic pain and de Quervain's tenosynovitis. Diagnostic evaluations conducted over the past two years have revealed: small bone formation on the radial side of first interphalangeal joint; mild right carpal tunnel syndrome, soft tissue inflammation around the wrist; moderately advanced degenerative first carpometacarpal joint, flexor and extensor tenosynovial inflammation. Treatment has included home exercises, Ketamine %5 60mg 3/day, Diclofenac sodium 1.5% cream 60gms 3/day. Prior conservative treatment as included Ibuprofen, PT (physical therapy), Naprosyn 500mg, Relafen 500mg, cortisone injection to right carpal tunnel, wrist splint, right CMC (carpometacarpal) joint cortisone injection, Tylenol, Tramadol 37.5/325mg, Ketamine 5% cream. The utilization review dated 5/21/2014 non-certified the request for the following Ketamine 5% Cream 60 gr, Tramadol/APAP 37.5/325mg And Diclofenac Sodium 1.5% 60 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETAMINE 5% CREAM 60 GR: 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 Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The request for Ketamine was previously reviewed and denied on 3/21/14. MTUS states regarding topical Ketamine, "Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted." Medical records do not indicate that all primary and secondary treatment options have been exhausted. As such, the request for Ketamine 5% Cream 60 gr is not medically necessary.

TRAMADOL/APAP 37.5/325MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR OPIOIDS Page(s): 48, 78, 80, 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation ODG- Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram®).

Decision rationale: Tramadol/APAP contains Acetaminophen and tramadol, which is classified as central acting synthetic opioids. MTUS states regarding tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/acetaminophen." The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. As such, the request for Tramadol/APAP 37.5/325mg is not medically necessary.

DICLOFENAC SODIUM 1.5% 60 GRM: 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 Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Pennsaid, Topical Analgesics.

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." ODG states regarding Pennsaid (branded Diclofenac Sodium), "Not recommended as a first-line treatment. See the Diclofenac Sodium listing, where topical diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs, and after considering the increased risk profile with diclofenac, including topical formulations." As such the request for Diclofenac Sodium 1.5% 60 grm is not medically necessary.