

Case Number:	CM14-0080692		
Date Assigned:	07/18/2014	Date of Injury:	02/26/1999
Decision Date:	08/27/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/02/2014

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 and Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review, indicate that this 65-year-old female was reportedly injured on February 26, 1999. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated May 21, 2014, did not contain any subjective complaints or a physical examination. A progress note, dated May 9, 2014, indicates there were ongoing complaints of left knee pain and left hip pain. Current medications include diclofenac, ketamine cream, doxepin cream, ondansetron, buprenorphine, calcium citrate, omeprazole, Lasix, fluticasone, Symbicort, Dilantin, and atorvastatin. The physical examination demonstrated pitting edema of the left lower extremities. The examination left knee noted tenderness over the joint lines. Diagnostic imaging studies were not reviewed during this visit. A request was made for multivitamins, topical diclofenac sodium, ketamine cream, and ondansetron and was not certified in the pre-authorization process on May 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Capsules of multi-vitamins with three (3) refills: 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, vitamin D, updated July 10, 2014.

Decision rationale: According to the Official Disability Guidelines, vitamin B is not recommended and vitamin K is under study for osteoarthritis. Vitamin D is a recommended consideration in chronic pain patients and that supplementation is necessary; however, there was no documentation of a vitamin D deficiency for the injured employee. Considering this, the request for multivitamins is not medically necessary.

Diclofenac Sodium 1.5%, 60 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 111, 112.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, topical anti-inflammatories are only recommended for osteoarthritis and tenosynovitis, in particular, that of the knee and elbow. While the injured employee has left knee pain, there was no objective documentation of osteoarthritis. Therefore, this request for topical diclofenac sodium is not medically necessary.

Ondansetron-Zofran, 4 mg: 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 Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601209.html>.

Decision rationale: Ondansetron is a medication used to help prevent nausea and vomiting caused by cancer chemotherapy, radiation therapy, and surgery. As the injured employee did not have symptoms secondary to these conditions, this request for ondansetron is not medically necessary.

Ketamine Cream, 5%, 60 grams, QTY: 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 111-113.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, the only recommended topical analgesic agents are those including anti-inflammatories, lidocaine, or capsaicin. There was no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients have any efficacy. For this reason, this request for ketamine cream is not medically necessary.