

Case Number:	CM14-0083471		
Date Assigned:	07/21/2014	Date of Injury:	11/01/2011
Decision Date:	08/26/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/05/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas & 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 32-year-old female who reported an injury on 11/01/2011. The mechanism of injury was noted to be repetitive motion. Her diagnoses include bilateral carpal tunnel syndrome, neck sprain/strain, bilateral lateral epicondylitis, bilateral medial epicondylitis, and cervicobrachial syndrome. Her past treatments have included a right carpal tunnel release surgery, physical therapy, oral medications, and topical medications. On 5/16/2014, the injured worker presented for medication refills and it was noted that she had been compliant with her use of medications. Her medications were noted to include topical diclofenac, topical ketamine, topiramate, tizanidine, and hydrocodone. The treatment plan included medication refills. The requested topical medications were noted to be for reducing inflammation and promoting pain relief. The request for authorization form was submitted on 05/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Diclofenac Sodium 1.5# 60 Grm #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: According to The California MTUS Guidelines, topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety, and are primarily recommended when trials of antidepressants and anticonvulsants have failed. The guidelines further state that use of topical NSAIDs may be indicated for osteoarthritis pain in joints that lend themselves to topical treatment. The clinical information submitted for review indicated that the injured worker had pain in her upper extremities related to epicondylitis and carpal tunnel syndrome. However, she was not shown to have osteoarthritis. In addition, the documentation failed to provide an adequate pain assessment showing efficacy of use of this topical medication evidenced by numeric pain scales. In the absence of osteoarthritis pain and clear documentation of efficacy with numeric pain scales, continued use of topical diclofenac is not supported. In addition, the request failed to provide a frequency. Therefore, the request is not medically necessary.

Ketamine 5% Cream 60 gr #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: According to the California MTUS Guidelines, topical ketamine is under study and is only recommended for the treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. The clinical information submitted for review indicated that the injured worker had chronic intractable neuropathic pain which did not respond to trials of gabapentin and Topamax. It was also noted that Topamax had caused adverse side effects. Additionally, she had tried and failed NSAIDs including meloxicam and Relafen. Based on this documentation of the failure of first and second-line treatments, use of topical ketamine may be considered. However, the documentation failed to show sufficient evidence of efficacy with numeric pain scales and documentation regarding objective improvement in increased ability to perform activities of daily living. In addition, the request did not provide a frequency. For the reasons noted above, the request is not medically necessary.