

<b>Case Number:</b>	CM14-0083608		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	02/18/2013
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 & Rehabilitation and is licensed to practice in California. 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 49-year-old female who reported an injury on 02/18/2013. The mechanism of injury is not noted within the documentation submitted for review. Her diagnoses were noted to be lumbar sprain/strain, lumbar disc degeneration and lumbar disc displacement without myelopathy. She had prior treatments of physical therapy, chiropractic care, acupuncture, and medications. An MRI of the lumbar spine was dated 05/09/2013 showing a degenerative disc at L5-S1. She had prior surgery of carpal tunnel release, trigger finger release as well as ganglion cyst surgery and left shoulder surgery. The injured worker presented for a clinical evaluation with subjective complaints of low back pain that goes to the right side of her thigh and calf. She felt spasms in her lower leg. Her current medications are methotrexate, folic acid, hydroxychloroquine, propranolol, paroxetine, and ibuprofen. The objective findings within the physical examination are tenderness to palpation in the lumbar spine L4 and L5 spinous processes. There was slight spasm in the lumbar spine. The treatment plan was for medication. The rationale for the request was within the documentation submitted for review. A Request for Authorization form was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac Sodium 1.5% 60GM #2:** Upheld

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

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

**Decision rationale:** The request for Diclofenac Sodium 1.5% 60 gm #2 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines does not recommend Diclofenac. This drug is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. The treatment plan indicates Diclofenac Sodium 1.5% to apply to the lumbar spine area 3 times a day as needed. The guidelines do not recommend this topical medication for the spine. As such, the request for Diclofenac Sodium 1.5% 60 gm # 2 is not medically necessary.

**Ketamine 5% Cream 60gt #2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids Page(s): 78-80.

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

**Decision rationale:** The request for Ketamine 5% cream 60 gm #2 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines state Ketamine is under study. This is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment have been exhausted. Topical Ketamine has only been studied for use in noncontrolled studies for chronic regional pain syndrome and postherpetic neuralgia and both have shown encouraging results. The exact mechanism of action remains undetermined. The documentation provided for review does not objectively support neuropathic pain. Failure of conservative treatments is not noted within the review. In addition, the injured worker does not have diagnoses of chronic regional pain syndrome or postherpetic neuralgia. The request failed to provide a dosage, therefore this request is not medically necessary.