

<b>Case Number:</b>	CM14-0092240		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	07/27/2004
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 Internal Medicine 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 Claimant is a 39 year old male who underwent a slip and fall injury on his outstretched hands while working as an agricultural worker on 07/27/2004. Per report, he had undergone two surgeries for the above injury. The first surgery was on December 2004 where he underwent debridement of TFCC and his second surgery on April 2005 where he underwent grafting to the lunate from the distal ulna. Per report, on December 29, 2005, the Claimant was made "permanent and stationary "by an orthopedic surgeon. The injured worker has had a chronic history of left upper extremity pain rated 6/10. On physical exam, he is assessed to have tenderness to palpation over the olecranon process in the left elbow. He has undergone conservative therapy including physical therapy, wrist bracing, home exercise program, and oral medications. EMG of his bilateral upper extremity performed on 11/4/13 has been consistent with mild right carpal tunnel syndrome and bilateral ulnar sensory neuropathy. He had been treated with Diclofenac cream, Ketamine cream, Tramadol and Lidoderm 5% patch. He has mixing topical Diclofenac and Ketamine cream and applying this to his wrist four times a day providing temporary relief and using tramadol 1-2 tablets on the weekend.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Request for Ketamine (qty unknown) DOS 03/27/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Pain Procedure Summary (updated 05/15/14).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 1,113.

**Decision rationale:** The California MTUS Chronic pain guidelines recommend Ketamine only for neuropathic pain when primary and secondary treatment have been exhausted. The claimant has been reported by his treating physician to have failed primary treatment by not being able to tolerate Diclofenac, Ibuprofen and Celebrex secondary to GI Distress. He is also reported to be intolerant to narcotics and opioids. However, from the records provided for review, there are no documentations regarding a trial of anti-depressants and anticonvulsants as indicated by MTUS for treatment of his neuropathic pain. Furthermore, there are unspecified retrospective request for the exact dosage, route and number of refills for the above medication. Therefore, the request for Ketamine (quantity unknown) DOS 3/27/14 is not medical necessary nor appropriate.

**Retrospective Request for Diclofenac Cream (qty unknown) DOS 03/27/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Pain Procedure Summary (updated 05/15/14).

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

**Decision rationale:** Per review of the records submitted, it is evident that the claimant has chronic left upper extremity pain rated 6/10, increased left elbow pain and pain in the left wrist and shoulder. The injured worker has been applying topical Diclofenac and Ketamine cream to his wrist four times a day. This has allowed him of temporary relief of pain and to continue with his truck driving. From review of documents submitted, it is claimed by the treating physician that the injured worker has tried and failed oral NSAIDS such as Diclofenac, Ibuprofen and Celebrex secondary to gastro intestinal distress. Although there has been no documentation of whether an H2 blocker, PPI or Salsalate used, MTUS chronic pain guidelines does support utilization of Diclofenac cream for short duration of time. Furthermore, per MTUS guidelines, the recommend dose of diclofenac is 1% and not diclofenac 1.5% cream in the documentation by treating physician. At this time, there are unspecified IMR retrospective request for the exact dosage, route and number of refills for the above medication. Therefore the the request for diclofenac cream is not medically necessary nor appropriate.