

Case Number:	CM14-0093014		
Date Assigned:	07/25/2014	Date of Injury:	02/18/2013
Decision Date:	09/11/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/19/2014

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 Anesthesiology and Pain Management and is licensed to practice in Florida. 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 injury on 02/18/2013. The mechanism of injury was not provided. Prior therapies were noted to include physical therapy, chiropractic care and acupuncture as well as medications. The documentation indicated the injured worker's prior medications included topical NSAIDS, ketamine, and Norco 10/325 on 1/21/2014. The documentation indicated the injured worker had tried gabapentin which did not alleviate pain and the injured worker had side effects, however, the injured worker was prescribed Lyrica 75 mg, 1 tablet daily to decrease nerve irritation. The documentation of 05/06/2014 revealed the injured worker had complaints of low back pain that went down the right leg, thigh and calf. The injured worker indicated she had spasms in the calf. The injured worker underwent an epidural steroid injection which decreased her pain to 0/10. The injured worker denied side effects from medications. The injured worker was noted to have an MRI of the lumbar spine on 05/09/2013. The injured worker's surgical history included noncontributory surgeries. The current medications were noted to include diclofenac sodium 1.5% 60 gm applied to affected area 3 times a day, anti-inflammatory cream as needed, ketamine 5% cream 60 gm applied to affected area 3 times a day, tramadol/APAP 37.5/325 mg, number 90, 1 tablet every 8 hours as needed. The diagnoses included lumbar sprain and strain, degeneration of the lumbosacral disc, and lumbar disc displacement without myelopathy. The treatment plan included physical therapy 2 times a week times 3 weeks, gabapentin 600 mg tablets, number 60, 1 at bedtime, diclofenac sodium 1.5% 60 gm applied to affected area 3 times a day quantity 2, ketamine 5% cream 60 gm applied to affected area 3 times a day quantity 2 and tramadol/APAP 37.5/325 mg, number 90, 1 tablet every 8 hours as needed. There was no RFA submitted for the request.

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 Topical Analgesic.

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

Decision rationale: The California MTUS guidelines indicates that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines also indicate that Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. The clinical documentation submitted for review failed to note that anticonvulsants and antidepressants had failed. It was indicated the injured worker was currently utilizing gabapentin 600 mg tablets. There was a lack of documentation indicating the body part to be treated with the medication. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 2 tubes. Additionally, the clinical documentation submitted for review indicated the injured worker had utilized the medication since 01/2014. There was a lack of documented objective functional benefit and an objective decrease in pain. Given the above, the request for diclofenac sodium 1.5% 60 gm number 2 is not medically necessary.

Ketamine 5% cream 60gr #2: Upheld

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

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

Decision rationale: The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Ketamine is under study and is only recommended in treatment of neuropathic pain which is refractory to all primary and secondary treatment. The clinical documentation submitted for review indicated the injured worker was utilizing gabapentin. As such, there was lack of documentation of a trial and failure of antidepressants and anticonvulsants. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The clinical documentation submitted for review indicated the injured worker had utilized the medication since 01/2014. There was a lack of

documentation of objective functional benefit and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 2 tubes of the medication. Given the above, the request for ketamine 5% cream 60 gm number 2 is not medically necessary.

Tramadol/ APAP 37.5/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, and objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had no side effects. However, there was lack of documentation of objective functional benefit, and objective decrease in pain and documentation the injured worker was being monitored for aberrant drug behavior and side effects. The clinical documentation indicated the injured worker had utilized the medication since at least 01/2014. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for tramadol/APAP 37.5/325 mg number 90 is not medically necessary.