

<b>Case Number:</b>	CM14-0188560		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	12/20/2010
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Occupational 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:

This is a 52-year-old female with a 12/20/10 date of injury. She started having pain in her right hand because of repetitive use on the computer keyboard. According to a progress report dated 9/24/14, the patient reported no acute changes to her pain condition. She stated that her pain was at 1/10 in the morning but by the end of her workday, her pain level was a 4-5/10. According to an appeal note dated 11/25/14, the patient used gabapentin for nerve pain, and the concurrent use of ketamine helped to decrease the need to use more gabapentin. She has been diagnosed with osteoarthritis of right carpometacarpal joint of the right thumb. The patient has a history of excessive gastritis, vomiting, and bowel irregularity, and the provider would like to minimize the use of oral NSAIDs. The patient also utilizes oral Relafen as needed, and the concurrent use of diclofenac sodium cream helps to decrease the need for more Relafen. Objective findings: right base of thumb pain and tenderness to palpation, positive Tinel's and Phalen's on the right, full range of motion of bilateral wrists, decreased sensations to light touch at the right index and thumb fingers. Diagnostic impression: pain in hand joint, tenosynovitis of hand/wrist, chronic pain, de Quervain's tenosynovitis. Treatment to date: medication management, activity modification, physical therapy, injections. A UR decision dated 11/7/14 denied the requests for ketamine 5% cream 60 gm. and diclofenac sodium 1.5% 60 gm. There is no documentation of failed first-line therapy of antidepressants and anticonvulsants. There is also no documentation of the patient's intolerance of these or similar medications to be taken on an oral basis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Ketamine 5% cream 60gr, three times a day, QTY: 1 (DOS: 09/24/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical Analgesics

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 25, 28, 111-113.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Gabapentin and other anti-epilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, in the present case, guidelines specifically state that Ketoprofen is not recommended in a topical formulation. Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. In addition, there is no documentation of failure of an oral first-line agent, such as Gabapentin, for her neuropathic pain. Therefore, the retrospective request for Ketamine 5% cream 60gr, three times a day, QTY: 1 was not medically necessary.

**Retrospective request for Diclofenac Sodium 1.5% 60gm three times a day, QTY: 1 (DOS: 09/24/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical Analgesics

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 25, 28, 111-113.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, Lidocaine (in creams, lotion or gels), Capsaicin in anything greater than a 0.025% formulation, Baclofen, Boswellia Serrata Resin, and other muscle relaxants, and Gabapentin and other anti-epilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, Diclofenac gel comes in an FDA-approved formulation as Voltaren gel 1%. A specific rationale as to why this patient requires a specialized compounded formulation of 1.5% was not provided. Therefore, the retrospective request for Diclofenac Sodium 1.5% 60gm three times a day, QTY: 1 was not medically necessary.