

<b>Case Number:</b>	CM14-0197954		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	09/13/2012
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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:

The injured worker filed a claim for carpal tunnel syndrome, chronic pain disorder, and psychological stress reportedly associated with an industrial injury of September 30, 2012. In a Utilization Review Report dated November 14, 2014, the claims administrator failed to approve a request for diclofenac cream and failed to approve a request for ketamine containing cream. The claims administrator stated that the articles in question were dispensed on October 27, 2014. The applicant attorney subsequently appealed. On October 23, 2014, the applicant reported chronic bilateral upper extremity pain. The applicant was status earlier shoulder surgery and status post earlier left carpal tunnel release surgery. The applicant was off of work. The applicant had been discharged by his former employer. The applicant was apparently trying to obtain some sort of vocational returning. The attending provider stated that the applicant was using a ketamine containing cream and a diclofenac containing cream, both of which were refilled. The applicant was given diagnoses of chronic shoulder pain and residual hand pain status post earlier carpal tunnel release surgery. Additional physical therapy was sought. A rather proscriptive 10-pound lifting limitation was endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac sodium 1.5% (Voltaren cream) 60gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111.

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

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical non-steroidal anti-inflammatory drugs (NSAIDs) such as Diclofenac/Voltaren are indicated in the treatment of small joint arthritis and/or small joint tendonitis in joints which are amenable to topical application such as the hands, wrist, fingers, knees, elbows, etc. Topical Diclofenac/Voltaren, however, has "not been evaluated" for treatment involving the shoulder, one of the primary pain generators here. Page 112 of the MTUS Chronic Pain Medical Treatment Guidelines further notes that topical NSAID such as Diclofenac/Voltaren are "not recommended" for neuropathic pain. Here, the applicant's secondary pain generator is residual carpal tunnel syndrome following earlier carpal tunnel release surgery. Carpal tunnel syndrome represents a form of neuropathic pain. Topical Diclofenac/Voltaren is not indicated in the treatment of the same, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. The attending provider has not furnished any compelling applicant-specific rationale which would offset the unfavorable MTUS positions on usage of topical diclofenac for carpal tunnel syndrome and shoulder pain, the diagnoses reportedly present here. Therefore, the request is not medically necessary.

**Retrospective Ketamine 5% cream 60gm (DOS: 10/27/14):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine Page(s): 113.

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

**Decision rationale:** As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, topical ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatments have been exhausted. In this case, there was no mention of intolerance to and failure of multiple classes of first line oral pharmaceuticals so as to justify introduction, selection, and/or ongoing usage of a ketamine containing cream at issue. There was no mention that the applicant was having refractory neuropathic pain for which all primary and secondary treatments had been exhausted. Therefore, the request is not medically necessary.