

Case Number:	CM15-0109974		
Date Assigned:	06/16/2015	Date of Injury:	05/28/2011
Decision Date:	07/15/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 37 year old male who sustained an industrial injury on 05/28/11. Initial complaints and diagnoses are not available. Treatments to date include medications and a lumbar epidural steroid injection. Diagnostic studies include electrodiagnostic studies of the lower extremities, and MRIs of the lumbar spine. Current complaints include worsening back pain. Current diagnoses include lumbar disc displacement and coccyx disorder. In a progress note dated 05/08/15 the treating provider reports the plan of care as diclofenac and ketamine topical creams, a request for a diagnostic sacroiliac joint injection, and arthrogram under fluoroscopy and intravenous sedation, a urology consultation. The requested treatments include diclofenac and ketamine topical creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 5% cream 60 gm, Qty 3: Upheld

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

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

Decision rationale: Ketamine 5% cream 60 gm, Qty 3 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that topical Ketamine is under study and only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. The documentation does not indicate that all primary and secondary treatments have been exhausted. The patient continues to have significant pain despite use of Ketamine and the MTUS reports that topical Ketamine is still under study. The request for topical Ketamine is not medically necessary.

Diclofenac sodium 1.5% 60 gm, Qty 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 111-112.

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

Decision rationale: Diclofenac sodium 1.5% 60 gm, Qty 3 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that topical NSAIDs are indicated in osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The documentation indicates that the patient has spine pain for which this medication is not recommended for. Additionally, the MTUS does not recommend long term use of topical NSAIDs therefore this request is not medically necessary.