

Case Number:	CM15-0137901		
Date Assigned:	07/27/2015	Date of Injury:	05/17/2013
Decision Date:	08/31/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	07/16/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old female who sustained an industrial injury on 5/17/13 the result of cumulative trauma. She continues to experience neck and right upper extremity pain and intermittent numbness and tingling that extend from just proximal to her right elbow throughout the right forearm into the 3rd and 4th digits. She has difficulty with activities of daily living that involve grasping or lifting. On physical exam the lateral epicondyle on the right side was tender; there was pain in the dorsal musculature of the right forearm and dorsal aspect of the right wrist; ulnar Tinel and Tinel was positive on the right. Medications were diclofenac cream, Ketamine cream, tramadol. Medications give adequate analgesia allowing her to perform activities of daily living with decreased pain and increased function. Diagnoses include pain in joint, forearm; pain in joint, hand. Treatments to date include medications; physical therapy. Diagnostics include electromyography (2/8/14) was highly suggestive of a radiculopathy on the right side involving the C6 and/ or C5 nerve roots; MRI of the cervical spine (2011) showed mild disc desiccation throughout the cervical spine, disc space narrowing and mild degenerative changes. In the progress note dated 5/13/15 the treating provider's plan of care includes requests for diclofenac sodium 1.5%, 60 GM, #1 (date of service 5/13/15); Ketamine 5% cream 60 GM, #1 (date of service 5/13/13) as they provide ongoing pain relief and functional benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Diclofenac sodium 1.5% 60grm #1 (DOS 5/13/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

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

Decision rationale: MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. This request is not medically necessary.

Retrospective Ketamine 5% cream 60gr #1 (DOS 5/13/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter.

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

Decision rationale: MTUS recommends the use of compounded topical analgesics only if there is documentation of the specific proposed analgesic effect and how it will be useful for the specific therapeutic goal required. The records in this case do not provide such a rationale for this topical medication or its ingredients. This request is not medically necessary.