

<b>Case Number:</b>	CM15-0139204		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	12/26/2006
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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: 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 65 year old female, who sustained an industrial injury on 12/26/06. Initial complaints were not reviewed. The injured worker was diagnosed as having carpal tunnel syndrome; lesion ulnar nerve. Treatment to date has included status post right carpal tunnel release (11/29/08); status post left carpal tunnel release (1/2/09); physical therapy; medications. Currently, the PR-2 notes dated 5/6/15 indicated the injured worker presents for a follow-up of her bilateral upper extremity pain. She is a status post release as well as a graduate of "NCFRP" with benefit. She denies any significant changes in her pain complaints on this day but continues to have bilateral hand and wrist pain. She states her pain is worse with activity using her hands including grasping. She has numbness and tingling in the wrists bilaterally as well as stiffness in her hands and fingers. She reports she is unable to get the Lunesta due to the pharmacy did not have her claim information. She reports increased insomnia due to pain. She reports 2-3 hours of sleep nightly. She has trialed mirtazine, gabapentin, Lyrica and trazadone with little relief or side effects. She reports Naproxen helps her pain and she used it as needed bringing her pain down by 40% with improved flexibility in her fingers. She had reported heartburn with the use of medications even with Omeprazole. She had a GI consult but her symptoms have resolved. She would like to try Pantoprazole. She is also utilizing her topical creams with benefit and needs a refill today. The provider is requesting authorization of Ketamine 5% cream 60gm quantity 2 and Diclofenac Sodium 1.5% 60gm quantity 2.

### 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 quantity 2: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Pain Outcomes and Endpoints Page(s): 111, 9.

**Decision rationale:** The 65 year old patient complains of bilateral upper extremity pain along with numbness and tingling in bilateral wrists, stiffness in fingers and hands, and insomnia, as per progress report dated 05/06/15. The request is for Diclofenac sodium 1.5% 60 gm quantity 2.00. The RFA for this case is dated 06/10/15, and the patient's date of injury is 12/26/06. Diagnoses, as per progress report dated 05/06/15, included carpal tunnel syndrome and ulnar nerve lesion. The patient is status post carpal tunnel release. Current medications included Naproxen, Diclofenac Sodium, Ketamine 5% cream, Pantoprazole, Lunesta and Provastatin. The patient's work status has been documented as permanent and stationary. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. 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... Voltaren Gel 1% (Diclofenac): Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." MTUS Chronic Pain Medical Treatment Guidelines, pg 9 under Pain Outcomes and Endpoints states: "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement." In this case, a prescription for Diclofenac is first noted in progress report dated 08/27/14. In Utilization Review Appeal Letter, dated 08/11/15 ---- after the UR denial date ----, the treater states that the patient uses Diclofenac cream on her hands and wrists for anti-inflammation and topical pain relief. As per the letter, physical examination revealed "tenderness to palpation with percussion of median nerve indicating the presence of inflammatory pathology." While the impact of the cream on the patient's peripheral joint pain is evident, the treater does not document specific functional improvement, as required by MTUS. Hence, the request IS NOT medically necessary.

**Ketamine 5% cream 60gm quantity 2: Upheld**

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

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

**Decision rationale:** The 65 year old patient complains of bilateral upper extremity pain along with numbness and tingling in bilateral wrists, stiffness in fingers and hands, and insomnia, as per progress report dated 05/06/15. The request is for Ketamine 5% cream 60 mg quantity 2.00. The RFA for this case is dated 06/10/15, and the patient's date of injury is 12/26/06. Diagnoses, as per progress report dated 05/06/15, included carpal tunnel syndrome and ulnar nerve lesion. The patient is status post carpal tunnel release. Current medications included Naproxen, Diclofenac Sodium, Ketamine 5% cream, Pantoprazole, Lunesta and Provastatin. The patient's work status has been documented as permanent and stationary. Regarding topical analgesics, MTUS, page 111, states that if one of the compounded product is not recommended then the entire compound is not recommended. MTUS guidelines further states "Other agents: Topical Ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia, and both studies showed encouraging results." Topical clonidine has published reports in animal studies only. Topical gabapentin has no published reports. In this case, a prescription for Ketamine cream is first noted in progress report dated 08/27/14. In Utilization Review Appeal Letter, dated 08/11/15 after the UR denial date, the treater states that the patient has been diagnosed with carpal tunnel syndrome along with numbness and tingling in bilateral wrists. As per the report, the patient is using Ketamine cream for topical pain relief from neuropathic pain. MTUS, however, does not support the use of topical Ketamine due to lack of reliable and controlled studies. Hence, the request IS NOT medically necessary.