

Case Number:	CM15-0147506		
Date Assigned:	08/10/2015	Date of Injury:	12/27/2003
Decision Date:	09/10/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/29/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a 53-year-old who has filed a claim for chronic shoulder, neck, back, and upper extremity pain reportedly associated with an industrial injury of December 27, 2003. In a Utilization Review report dated July 6, 2015, the claims administrator failed to approve requests for topical ketamine and topical capsaicin creams. The claims administrator referenced a June 18, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In an August 14, 2015 appeal letter, the treating provider appealed previously denied topical ketamine and topical capsaicin while acknowledging that the applicant was in fact using a variety of oral pharmaceuticals to include Norco, naproxen, and Neurontin. On June 18, 2015, the applicant reported multifocal complaints of neck, mid back, and shoulder pain. The applicant was still smoking, it was reported. The applicant was on topical capsaicin, naproxen, Sonata, topical ketamine, Robaxin, Neurontin, Norco, and Synthroid, it was reported. The applicant had undergone earlier failed cervical fusion surgery and failed cervical disk replacement surgery. The applicant received acupuncture, it was reported. The applicant was apparently considering enrollment in a functional restoration program. The applicant was given a rather proscriptive 5-pound lifting limitation. It was not clearly stated whether the applicant was or was not working with said limitation in place, although this did not appear to be the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Capsaicin 0.075% cream apply tid: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28.

Decision rationale: No, the request for a topical capsaicin-containing cream was not medically necessary, medically appropriate, or indicated here. As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, topical capsaicin is not recommended except as a last-line agent, in applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's concomitant usage of numerous first-line oral pharmaceuticals to include Neurontin, Norco, naproxen, etc., effectively obviated the need for the capsaicin-containing cream in question. Therefore, the request was not medically necessary.

Topical Ketamine 5% cream apply tid: Upheld

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

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

Decision rationale: Similarly, the request for a topical ketamine cream was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, topical ketamine is deemed "under study" and only recommended for the treatment of neuropathic pain in refractory cases in which all primary and secondary treatments have been exhausted. Here, as with the preceding request, the applicant's ongoing usage of numerous first-line oral pharmaceuticals to include Neurontin, naproxen, Norco, etc., effectively obviated the need for the ketamine cream in question. Therefore, the request was not medically necessary.