

Case Number:	CM15-0164002		
Date Assigned:	09/01/2015	Date of Injury:	04/02/2014
Decision Date:	10/23/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/20/2015

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 38 year old female, who sustained an industrial injury on April 2, 2014 while working as a supervisor. The injury occurred when the injured worker was pushed by a customer, resulting in a fall. The injured worker sustained injuries to her back and left knee. The diagnoses have included neck sprain-strain, thoracic region sprain-strain, lumbar region sprain-strain and left knee pain. Treatment and evaluation to date has included medications, radiological studies, MRI of then lumbar spine and left knee, psychological assessments, transcutaneous electrical nerve stimulation unit, massage therapy and physical therapy. The injured worker was working with restrictions. Current documentation dated July 15, 2015 notes that the injured worker reported low back pain with radiation to the left lower extremity and left hip pain and tightness. Associated symptoms included burning and tightness in the posterior left lower extremity. The pain was rated a 5 out of 10 on the visual analogue scale. The injured worker also noted neck, upper back and left knee pain. Examination of the lumbar spine revealed spasm and guarding. Left knee examination revealed tenderness to palpation of the lateral aspect of the anterior knee and joint line tenderness. Special orthopedic testing was negative. The treating physician's plan of care included requests for Diclofenac Sodium 1.5 % (amount unspecified), Ketamine 5 % (amount unspecified) and Protonix 20 mg (amount unspecified).

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac sodium 1.5% (amount unspecified): Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The current request Diclofenac sodium 1.5% (amount unspecified). The RFA is dated 07/16/15. Treatment has included medications, radiological studies, psychological assessments, transcutaneous electrical nerve stimulation unit, massage therapy and physical therapy. MTUS Guidelines, Topical Analgesics section, under Non-steroidal anti-inflammatory agents, page 111-112 has the following: "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." "This class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist)." 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." Per report 07/15/15, the patient presents with left knee, neck, upper back and low back pain. She also reports radiation into her left lower extremity. The treater reports that the patient is using topical anti-inflammatory, ketamine cream as a topical neuropathic agent, and Protonix for her stomach upset. The treater states that the diclofenac topical is for the patient's continued left knee complaints. The patient reports that Diclofenac topical has been more effective than oral NSAIDs, and does not irritate the stomach lining. The patient also reported decrease in pain and increase in overall function with this topical cream. Given the patient's chronic knee condition and the documented medication efficacy, the requested Diclofenac topical IS medically necessary.

Ketamine 5% (amount unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The current request Ketamine 5% (amount unspecified). The RFA is dated 07/16/15. Treatment has included medications, radiological studies, psychological assessments, transcutaneous electrical nerve stimulation unit, massage therapy and physical therapy. MTUS Guidelines, Topical Analgesics section, page 113, under Ketamine has the following: "Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Topical ketamine has only been studied

for use in non-controlled studies for CRPS I and post-herpetic neuralgia and both have shown encouraging results. The exact mechanism of action remains undetermined. Regarding topical analgesics, MTUS, page 111, states that if one of the compounded product is not recommended then the entire compound is not recommended. Per report 07/15/15, the patient presents with left knee, neck, upper back and low back pain. She also reports radiation into her left lower extremity. The treater reports that the ketamine 5% is for the patient's neuropathic pain. The patient reports that Ketamine does help with pain and function. Guidelines indicate that topical Ketamine is currently under study for neuropathic pain conditions such as CRPS and post-herpetic neuralgia. While some studies to date have shown promising results, these have not been conducted with controls in place, and are therefore not of a high enough quality to be considered appropriate for establishing usage recommendations. Therefore, the request IS NOT medically necessary.

Protonix 20mg (amount unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The current request Protonix 20mg (amount unspecified). The RFA is dated 07/16/15. Treatment has included medications, radiological studies, psychological assessments, transcutaneous electrical nerve stimulation unit, massage therapy and physical therapy. MTUS pg 69, NSAIDs, GI symptoms & cardiovascular risk Section states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Per report 07/15/15, the patient presents with left knee, neck, upper back and low back pain. She also reports radiation into her left lower extremity. The treater reports that Protonix decreases parietal cell activity and therefore, decreases stomach acid. Thus, as a preventive and prophylactic measure Protonix should be authorized. MTUS allows for prophylactic use of PPI along with oral NSAIDs when appropriate GI risk is present. In this case, the patient is not taking oral NSAID and the patient does not report any current GI symptoms. Therefore, the request IS NOT medically necessary.