

Case Number:	CM15-0169400		
Date Assigned:	09/10/2015	Date of Injury:	12/03/2004
Decision Date:	10/08/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/27/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 67 year old female injured worker suffered an industrial injury on 12-3-2004. The diagnoses included sciatica, lumbago, lumbar disc displacement without myelopathy and left knee patella chondromalacia. On 8-11-2015, the treating provider reported chronic low back pain and left knee pain. She reported the pain goes from 3 to 5 out of 10. She was currently using creams which do help to reduce some of her pain locally. On exam, the gait was impaired. Prior treatments included aquatic exercises, medications epidural steroid injections. The injured worker had not returned to work. The Utilization Review on 8/20/2015 for the treatments Diclofenac sodium 1.5% 60gm, apply to affected area 3x day anti-inflammatory cream #1 and Ketamine 5% 60gm apply to affect area 3x a day #1 determined they were non-certified/modified.

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, apply to affected area 3x day anti-inflammatory cream #1:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The patient is a 67 year old female with an injury on 12/03/2004. She has back pain and left knee pain. She has not returned to work. The clinical trials for the use of topical NSAIDS are usually small studies with inconsistent results. There is a tendency for topical NSADS to lose efficacy with time. Topical Diclofenac is not medically necessary.

Ketamine 5% 60gm apply to affect area 3x a day #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The patient is a 67 year old female with an injury on 12/03/2004. She has back pain and left knee pain. She has not returned to work. MTUS, Chronic Pain, page 56 notes that Ketamine is not recommended treatment. Also, topical Ketamine (not transderm with blood levels) as in 5% applied to the skin is not FDA approved treatment and it experimental and investigational treatment. Therefore, the request is not medically necessary.