MAXIMUS Federal Services

Case Number:	CM15-0198501		
Date Assigned:	10/13/2015	Date of Injury:	05/25/2006
Decision Date:	12/01/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/08/2015

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 represented [redacted] beneficiary who has filed a claim for chronic forearm, elbow, and upper extremity pain reportedly associated with an industrial injury of May 25, 2006. In a Utilization Review report dated September 29, 2015, the claims administrator failed to approve requests for a capsaicin cream and a Ketamine cream. The claims administrator referenced an August 11, 2015 date of service in its determination. The applicant's attorney subsequently appealed. In a 10-page letter dated September 14, 2015, the treating provider joined the new appeal, reiterating his request for naproxen, Flexeril, Neurontin, topical capsaicin, and topical Ketamine in a somewhat templated manner. On August 20, 2015, the applicant reported ongoing complaints of neck, forearm, and elbow pain. The applicant had undergone earlier elbow epicondylar release surgery. Flexeril, Neurontin, naproxen, topical Ketamine, and topical capsaicin were renewed and/or continued while the applicant's permanent work restrictions were renewed, as were the applicant's permanent work restrictions. It was not clearly stated whether the applicant was or was not working with said permanent limitations in place, although this did not appear to be the case. The applicant had previously attended a functional restoration program, it was reported. On August 11, 2015, the applicant again reported ongoing complaints of elbow and forearm pain. Naproxen, Neurontin, Flexeril, topical capsaicin, and topical Ketamine were again endorsed while the applicant's permanent work restrictions were renewed. Once again, it was not explicitly stated whether the applicant was or was not working with said permanent limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.075% cream, 60gm, #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Capsaicin, topical.

Decision rationale: No, the request for a topical capsaicin 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 recommended only as a last-line option, for applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's concomitant usage of what the MTUS Guideline in ACOEM Chapter 3, page 47 considers first-line oral pharmaceuticals to include naproxen, Neurontin, Flexeril, etc., effectively obviated the need for the capsaicin cream in question. Therefore, the request was not medically necessary.

Retrospective Ketamine 6%, 60gm (DOS: 8/11/15): Upheld

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

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

Decision rationale: Similarly, the request for a 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 recommended only 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 concomitant usage of numerous first-line oral pharmaceuticals to include Neurontin, naproxen, etc., effectively obviated the need for the Ketamine cream in question. Therefore, the request was not medically necessary.