MAXIMUS Federal Services

Case Number:	CM15-0201184		
Date Assigned:	10/16/2015	Date of Injury:	12/03/2004
Decision Date:	11/25/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/13/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 67 year old female, who sustained an industrial injury on 12-3-04. The injured worker was diagnosed as having sciatica, lumbago, lumbar disc displacement and chondromalacia patella left knee. The PR2 dated 8-11-15, indicated the injured worker had chronic low back and left knee pain. She rates her pain 3-5 out of 10 and stated that creams help reduce some of her pain locally. She is not using Rozerem or Tramadol anymore. Current medications include Diclofenac Sodium cream and Ketamine cream. No previous progress notes were provided. Treatment to date has included physical therapy, acupuncture, a lumbar epidural injection (date of service not provided), Ultracet and Rozerem. The Utilization Review dated 10-1-15, non-certified the request for Diclofenac Sodium 1.5% 60gm x 1 DOS 8-11-15 and Ketamine 5% 60mg x 1 DOS 8-11-15.

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 x 1 DOS 08/11/2015: 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): Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Diclofenac 1.5% is a topical NSAID. It is 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. It is recommended for short- term use (4-12 weeks) for arthritis. In this case, the claimant does not have arthritis and long term use is not indicated There are diminishing effects after 2 weeks. Topical NSAIDS can reach systemic levels similar to oral NSAIDS. The claimant was also provided additional topicals and multiple topical analgesics are not indicated. The claimant was on oral opioids as well. The Diclofenac 1.5% is not medically necessary.

Ketamine 5% 60gm x1 for DOS 08/11/2015: 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): Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Ketamine is not recommended due to lack of evidence. It has been studied for CRPS. In this case, the claimant does not have CRPS and was also provided other topicals. Multiple topical analgesics are not indicated. The claimant was on oral opioids as well. The use of topical Ketamine was not necessary.