

Case Number:	CM15-0203242		
Date Assigned:	10/21/2015	Date of Injury:	12/13/2007
Decision Date:	12/09/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/15/2015

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, 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 53 year old female who sustained an industrial injury on 12-13-07. The medical records indicate that he injured worker was being treated for pain in shoulder joint; carpal tunnel syndrome; pain in joint forearm; chronic pain; pain psychogenic; diabetes (2010). A diagnosis of osteoarthritis was not present. She currently (9-17-15) complains of chronic right upper extremity pain with occasional numbness and tingling of the right shoulder after intense repetitive activity; she has pain radiating from the right wrist into the right index finger and thumb with associated weakness, numbness and tingling. Her pain level is at 7 out of 10 with flare ups and is 3-4 out of 10 on average with use of medication (this pain level was consistent from 6-23-15). Her medication helps with pain and function allowing her to perform household chores such as dishes and laundry with less pain. In the 2-27-15 progress note the treating provider indicates a 50% decrease in pain with medication use. Diagnostics include electromyography (2010) showing moderate carpal tunnel syndrome. Treatments to date include medications: Pennsaid 1.5%, tramadol, nabumetone (since at least 2-27-15), gabapentin, Aleve, Aspirin, Tylenol; physical therapy; home exercise program; repair of tendon tear in the right elbow (2008). In the progress note dated 9-17-15 the treating provider's plan of care included Ketamine cream for flare ups of neuropathic pain and nabumetone. The patient sustained the injury due to repetitive stress. The patient had MRI of the right elbow in 2008 that revealed tendon tear; EMG revealed CTS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 5% cream 60 grams qty: 1: 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: Ketamine 5% cream 60 grams qty: 1. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is 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. There is little to no research to support the use of many of these agents. Per the cited guidelines, Ketamine: Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Evidence that primary and secondary treatment has been exhausted was not specified in the records specified. Evidence of diminished effectiveness of oral medications was not specified in the records provided. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. The medication list contains Gabapentin. The detailed response of the gabapentin for this injury was not specified in the records provided. Evidence of intolerance or contraindication to oral medications was not specified in the records provided. The medical necessity of the request for Ketamine 5% cream 60 grams qty: 1 is not medically necessary.

Nabumetone 500 mg tablets qty: 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) ODG Treatment Integrated Treatment/Disability Duration Guidelines Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: Nabumetone 500 mg tablets qty: 90. Nabumetone belongs to a group of drugs called non-steroidal anti-inflammatory drugs (NSAIDs). According to CA MTUS, Chronic pain medical treatment guidelines, Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000). The patient is having chronic pain and is taking Nabumetone for this injury. The patient had diagnoses of pain in shoulder joint; carpal tunnel syndrome; pain in joint forearm; chronic pain; pain psychogenic; diabetes (2010). She currently (9-17-15) complains of chronic right upper extremity pain with occasional numbness and tingling of the right shoulder after intense repetitive activity; she has pain radiating from the right wrist into the right index finger and thumb with associated weakness, numbness and tingling. Her pain level is at 7 out of 10 with flare ups and is 3-4 out of 10 on average

with use of medication (this pain level was consistent from 6-23-15). Her medication helps with pain and function allowing her to perform household chores such as dishes and laundry with less pain. In the 2-27-15 progress note the treating provider indicates a 50% decrease in pain with medication use. The patient had MRI of the right elbow in 2008 that revealed tendon tear; EMG revealed CTS. The patient has chronic pain with significant objective abnormal findings. NSAIDS like Nabumetone are first line treatments to reduce pain. The request for Nabumetone 500 mg tablets qty: 90 is deemed medically appropriate and necessary in this patient.