

Case Number:	CM15-0206696		
Date Assigned:	10/23/2015	Date of Injury:	08/18/2012
Decision Date:	12/11/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/20/2015

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:

This is a 36 year old male with a date of injury on 8-18-12. A review of the medical records indicates that the injured worker is undergoing treatment for left knee pain. Progress report dated 9-11-15 reports continued complaints of increasing left knee pain, right knee pain and low back pain. He reports walking and bearing weight on the left knee is difficult. He has difficulty sleeping, has weakness and muscle atrophy around the left knee. Objective findings: walks with an antalgic gait with left knee flexion contracture and uses a single point cane, left knee range of motion is limited, right knee range of motion within normal limits, left knee tender to palpation. Current medications include diclofenac sodium 1.5 percent and topiramate 25 mg. MRI left knee 4-22-15 revealed very small intrasubstance split in the posterior horn body junction of the medial meniscus. Treatments include: medication, physical therapy, aquatic therapy, and surgery. Request for authorization was made for Topiramate 25 mg quantity 60 and Ketamine 5 percent cream 60 gm. Utilization review dated 9-26-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topiramate 25mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

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

Decision rationale: The patient presents with left knee pain consistent with complex regional pain syndrome. He has developed right knee pain due to compensation for the left knee pain. The request is for TOPIRAMATE 25MG #60. The request for authorization form is not provided. MRI of the left knee, 04/22/15, shows quadriceps enthesopathy; very subtle small intrasubstances split in the posterior horn-body junction of the medial meniscus, no surface tear seen. Patient's diagnoses include complex regional pain syndrome of the left knee (type I); history of medial meniscal tear of left knee, status post arthroscopic surgery. Physical examination of the left knee revealed a flexion contracture and 20 degrees extension lag. Flexion was limited to approximately 70 degrees. Palpation of the medial aspect of the left knee is tender. The skin on the medial aspect of the knee is cold. Gait is antalgic and requires use of single point cane for stability. Per progress report dated 09/11/15, the patient is on modified duty. MTUS Guidelines, Antiepilepsy Drugs section, page 21 under Topiramate has the following: "Topiramate (Topamax) has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of central etiology. It is still considered for use for neuropathic pain when other anticonvulsants have failed." MTUS Guidelines page 16 and 17 regarding antiepileptic drugs for chronic pain also states that there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs, and mechanisms. Most randomized controlled trials for the use of this class of medication for neuropathic pain had been directed at post-herpetic neuralgia and painful polyneuropathy. Per progress report dated 09/11/15, treater's reason for the request is "for neuropathic pain relief and as a sleep aid." Review of provided medical records show the patient was prescribed Topiramate of 04/16/15. MTUS Guidelines support antiepileptic medications for the use of neuropathic pain. However, there is no documentation of pain and functional improvement with the use of Topiramate. MTUS page 60 require that medication efficacy in terms of pain reduction and functional gains must be discussed when used for chronic pain. Therefore, the request IS NOT medically necessary.

Ketamine 5% cream 60gm: 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: The patient presents with left knee pain consistent with complex regional pain syndrome. He has developed right knee pain due to compensation for the left knee pain. The request is for KETAMINE 5% CREAM 60GM. The request for authorization form is not provided. MRI of the left knee, 04/22/15, shows quadriceps enthesopathy; very subtle small intrasubstances split in the posterior horn-body junction of the medial meniscus, no surface tear

seen. Patient's diagnoses include complex regional pain syndrome of the left knee (type I); history of medial meniscal tear of left knee, status post arthroscopic surgery. Physical examination of the left knee revealed a flexion contracture and 20 degrees extension lag. Flexion was limited to approximately 70 degrees. Palpation of the medial aspect of the left knee is tender. The skin on the medial aspect of the knee is cold. Gait is antalgic and requires use of single point cane for stability. Per progress report dated 09/11/15, the patient is on modified duty. 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. Treater does not specifically discuss this medication. Review of provided medical records show the patient was prescribed Ketamine on 03/19/15. In the case, the patient presents with complex regional pain syndrome for which Ketamine may be indicated. However, per progress report dated 05/15/15, treater notes, "He reports no efficacy with the ketamine cream." And treater does not discuss or explain why he is requesting a medication with no efficacy. Furthermore, 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. The request IS NOT medically necessary.