

Case Number:	CM15-0210292		
Date Assigned:	10/29/2015	Date of Injury:	10/18/2010
Decision Date:	12/09/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	10/26/2015

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: 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 injured worker is a 49 year old with a date of injury on 10-18-2010. The injured worker is undergoing treatment for reflex sympathetic dystrophy, shoulder joint pain-status post bilateral shoulder arthroscopy, hand pain, and anxiety and depression. A physician progress note dated 09-30-2015 documents the injured worker has complaints of back pain, and bilateral upper extremity pain. She rates her pain as 9 out of 10. She is currently having a flare up of her right elbow and forearm pain. Her pain is worse with gripping and grasping activities for a prolonged period of time. She complains of dizziness and headaches. She is in pain and is tearful. The injured worker states she is doing home exercises that she was previously instructed on. She is having difficulty performing all activities of daily living due to her pain level. Her medications help with pain relief and allow her to function more during the day. She denies side effects or aberrant changes in behavior. She requests medications refills today. Treatment to date has included diagnostic studies, medications, physical therapy, and home exercises, splinting, injections, cervical epidural injections, Functional Restoration Program, status post right rotator cuff repair in 2010, right hip joint replacement in 2011 and right tunnel radial syndrome release in 2011. Current medications include Lyrica 2 a day which is to be increased by 1 tab per week until reaching 6 per day or 300mg per day, Ketamine cream and Flector patches, Diclofenac cream-discontinued with this visit, Zoloft, Percocet, Ambien and Lipitor. A Magnetic Resonance Imaging of the cervical spine done on 01-20-2015 revealed mild cord compression left paracentral aspect of C4-5 due to disc spur complex, spinal canal stenosis at C3-4 without cord compression and foraminal narrowing at C3-4 and C4-5. The request for authorization includes Flector patch, Qty 30, (retrospective DOS 09/30/15), Ketamine 5% cream 60 gr Qty 2,

(retrospective DOS 09/30/15), and Lyrica 50 mg Qty 180, (retrospective DOS 09/30/15). On 10-23-2015 Utilization Review non-certified the request for Flector 1.3% patch, Qty 30, (retrospective DOS 09/30/15), and Ketamine 5% cream 60 gr Qty 2, (retrospective DOS 09/30/15). Recent medical documentation states that there is pain relief and significant functional benefits from the Ketamine cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 5% cream 60 gr Qty 2, (retrospective DOS 09/30/15): Overturned

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): Functional improvement measures, Topical Analgesics.

Decision rationale: MTUS Guidelines allow for a trial and potential off label use of topical Ketamine under specific criteria. This individual meets the criteria for a trial of topical Ketamine. In addition, recent documentation states that there has been meaningful pain relief with its use and there is detailed documentation of how its use has improved function/ADL activities. Under these circumstances, the Ketamine 5% cream 60 gr Qty 2, (retrospective DOS 09/30/15) is/are consistent with Guidelines and is/are medically necessary and appropriate.

Flector 1.3% patch, Qty 30, (retrospective DOS 09/30/15): 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 based on Non-MTUS Citation www.flectropatch.com.

Decision rationale: MTUS Guidelines are very specific in stating the only FDA/Guideline supported topical agents are recommended. FDA and manufacturer recommendations are for short term use only for acute strains and sprains. Flector patches are not recommended for long term pain or conditions associated with long term pain. There are other alternatives that are supported by Guidelines if a topical NSAID is indicated. The Flector 1.3% patch, Qty 30, (retrospective DOS 09/30/15) is not supported by Guidelines and is not medically necessary. There are no unusual circumstances to justify an exception to Guideline recommendations.