

Case Number:	CM15-0034722		
Date Assigned:	03/05/2015	Date of Injury:	09/26/2006
Decision Date:	04/20/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/24/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 42 year old male, who sustained a work related injury on 9/24/06. He was standing on the front bumper of a car, concrete collapsed underneath and he fell down. The diagnoses have included lumbar postlaminectomy syndrome, pain in right knee joint and depression. Treatments to date have included a MRI of lumbar spine on 1/8/07, lumbar spine surgery on 7/27/07, 12 sessions of physical therapy without benefit, oral medications, topical creams without benefit, TENS unit therapy, acupuncture, spinal cord stimulator, lumbar epidural steroid injections and completion of a functional restoration program, all without much benefit. In the PR-2 dated 5/21/14, the injured worker complains of chronic low back and persistent right knee pain. He has low back pain that radiates down left leg. He has tenderness to palpation of right knee joint. Range of motion in right knee was decreased by 20% with flexion but he has full extension. On 3/11/15, Utilization Review non-certified requests for Diclofenac Sodium 1.5% 60gm. for date of service 5/21/14 and Ketamine cream 5% 60gm for date of service 5/21/14. The California MTUS and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium 1.5 % 60 gm for date of service 5/21/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics NSAIDS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112.

Decision rationale: The California MTUS guidelines support topical NSAIDs for the short-term treatment of osteoarthritis and tendinitis for individuals unable to tolerate oral non-steroidal anti-inflammatories. The guidelines support 4-12 weeks of topical treatment for joints that are amendable topical treatments; however, there is little evidence to support treatment of osteoarthritis of the spine, hips or shoulders. When noting the injured employee's complaint of back and knee pain, this request for topical diclofenac is not medically necessary.

Ketamine cream 5% 60 gm for date of service 5/21/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine Page(s): 38, 56.

Decision rationale: With regard to Ketamine MTUS states: 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. As the documentation contains no evidence of second line analgesic trial such as TCA or SNRI, the request is not medically necessary.