

Case Number:	CM15-0036775		
Date Assigned:	03/05/2015	Date of Injury:	07/24/2013
Decision Date:	04/15/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/26/2015

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: Texas, New York, 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 applicant is a represented 29-year-old [REDACTED] beneficiary who has filed a claim for chronic hand, wrist, and finger pain reportedly associated with an industrial injury of July 24, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; and unspecified amounts of physical therapy. In a Utilization Review Report dated January 20, 2015, the claims administrator failed to approve several topical agents. The claims administrator referenced progress notes of October 20, 2014 and December 18, 2014 in its determination. The applicant's attorney subsequently appealed. In an appeal letter dated February 18, 2015, the attending provider appealed previously denied topical diclofenac and previously denied topical ketamine. In a January 26, 2015 progress note, the applicant reported ongoing complaints of left hand and left thumb pain. The applicant apparently had some evidence of hand and/or thumb arthritis at age 29, the treating provider suggested. The applicant was given a rather proscriptive 5-pound lifting limitation. Naproxen, Protonix, a diclofenac containing compound, and a ketamine containing compound were endorsed. The applicant was asked to consult a surgeon. It did not appear that the applicant was working with a rather proscriptive 5-pound lifting limitation in place. On March 9, 2015, the applicant report ongoing complaints of hand, wrist, and thumb pain, exacerbated by griping and grasping. The applicant was unable to work, it was acknowledged. The applicant had not returned to this former work as a mechanic. X-rays of the hand dated December 12, 2013 were read as negative, while an MRI of the wrist dated March 10, 2014 was notable for multifocal early arthritic changes. Naproxen, Protonix, a

diclofenac containing cream, and ketamine were endorsed, without any explicit discussion of medication efficacy.

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 #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: No, the request for a diclofenac containing cream was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical diclofenac is indicated in the treatment of small joint arthritis in regions and/or body parts which are amenable to topical application, including the hands, wrists, and/or fingers, i.e., the body parts implicated here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, the applicant was off of work as of the date of the request. The applicant continued to report difficulty performing activities of daily living as basic as gripping, grasping, and lifting. An extremely proscriptive 5-pound lifting limitation was renewed, unchanged, from visit to visit, resulting in the applicant's removal from the workplace. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of topical diclofenac. Therefore, the request was not medically necessary.

Ketamine 5% cream 60 gm #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine; Pain Mechanisms Page(s): 113; 3.

Decision rationale: Similarly, the request for topical ketamine was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, topical ketamine is considered under study and recommended only for neuropathic pain in applicants in whom all primary and secondary treatments have been exhausted. Here, however, the applicant's presentation, per the treating provider, was consistent with hand arthritis. The applicant had complaints of mechanical hand, wrist, and finger pain which were not suggestive of neuropathic pain, which, per page 3 of the

MTUS Chronic Pain Medical Treatment Guidelines, is characterized by symptoms such as burning, lancinating, numbing, tingling, and shock-like sensations. It is further noted that the applicant's ongoing usage of numerous first-line oral pharmaceuticals such as naproxen implied that primary and secondary treatments had not, in fact, been exhausted here. Therefore, the ketamine containing compound was not medically necessary.