

Case Number:	CM15-0041900		
Date Assigned:	03/11/2015	Date of Injury:	03/09/2010
Decision Date:	04/21/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/04/2015

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, 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 59-year-old female, who sustained an industrial injury on 03/09/2010. She has reported right shoulder pain and bilateral wrist/hand pain. The diagnoses have included bilateral carpal tunnel syndrome and pain in joint shoulder. Treatment to date has included medications, acupuncture, physical therapy, and home exercise program. Medications have included Ibuprofen, Ketamine 5% Cream, and Prilosec. A progress note from the treating physician, dated 02/10/2015, documented a follow-up visit with the injured worker. Currently the injured worker complains of a flare-up of pain in her right hand; flare-ups of pain depend on the activity level; and the ketamine cream is utilized for local relief of pain. She continued to work full duty and has switched to a computer, and is using a mouse and keyboard. Objective findings included no changes in the review of systems or assessment. The treatment plan has included prescription medications and TENS (transcutaneous electrical nerve stimulation) unit; and continuation of home exercise program. Request is being made for Ketamine 5% cream 60 gr; and for TENS unit and supplies (rental or purchase).

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: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Topical NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: Regarding the request for topical ketamine, Chronic Pain Medical Treatment Guidelines state that ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Within the documentation available for review, the requesting physician has identified that the patient has significant neuropathic pain complaints supported by physical examination findings. There is documented failure of all primary and secondary treatment options. The provider notes that the patient has tried oxycodone, NSAIDs, Soma, Vicodin, and physical modalities for the pain. The patient in fact continues on gabapentin but is not on a maximum daily dosage of this medication. However, the provider is concerned with sedation at higher dosages. The worker has in fact trialed ketamine with pain reduction before. The UR noted that there was no functional benefit, but the topical analgesic guidelines of the MTUS do not demand this level of improvement in order to continue a topical medication. As such, this request is medically necessary.

TENS unit & supplies (rental or purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

Decision rationale: The Chronic Pain Medical Treatment Guidelines on Pages 114-116 specify the following regarding TENS (transcutaneous electrical nerve stimulation): "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters, which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use).Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005)Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988)

(Lundeberg, 1985)Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005)Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007)"A review of this injured worker's industrial diagnoses failed to reveal any of the indications above of multiple sclerosis, spasticity, phantom limb pain, or complex regional pain syndrome as described by the CPMTG. By statute, the California Medical Treatment and Utilization Schedule takes precedence over other national guidelines which may have broader indications for TENS unit. Given this worker's diagnoses (primarily of neuropathic pain and carpal tunnel), TENS is not medically necessary.