MAXIMUS Federal Services

Case Number:	CM15-0042171		
Date Assigned:	03/12/2015	Date of Injury:	09/17/2009
Decision Date:	04/22/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/05/2015

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, Hawaii
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:

The injured worker is a 59 year old female who sustained an industrial injury on 9/17/09. The injured worker reported symptoms of depression, neck and right shoulder pain. The injured worker was diagnosed as having cervical spinal stenosis, cervicocranial syndrome, carpal tunnel syndrome, muscle spasms, cervical spondylosis and epicondylitis lateral. Treatments to date have included cognitive behavioral treatment, acupuncture treatments, carpal tunnel injection, and massage therapy. Currently, the injured worker complains of neck pain with radiation to the lower back, left thumb pain and depression. The plan of treatment was for medication prescriptions, continued acupuncture treatments, and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium 1.5% 60gm #1 from date of service 11/18/14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical- non-steroidal anti-inflammatory drugs (NSAIDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) non-steroidal anti-inflammatory drugs (NSAIDs) Physician's Desk Reference.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain (Chronic), Diclofenac, topical (Flector®, Pennsaid®, Voltaren® Gel).

Decision rationale: The patient presents with chronic neck pain and stiffness radiating into the mid thoracic region. The current request is for Diclofenac Sodium 1.5% 60mg #1 from date of service 11/18/14. The treating physician requests on 2/27/15 (A23) Diclofenac Sodium 1.5% 60 grm #1 for anti-inflammatory pain relief. ODG states the following with regards to Diclofenac, topical: Not recommended as a first-line treatment, but recommended as an option for patients at risk of adverse effects from oral NSAIDs, after considering the increased risk profile with diclofenac. In this case, the treating physician has documented the patient's adverse effects to oral NSAIDs and is monitoring any increased risks with using this medication. The current request is medically necessary and the recommendation is for authorization.

Ketamine cream 5% 60gm #1 from date of service 11/18/14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

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

Decision rationale: The patient presents with chronic neck pain and stiffness radiating into the mid thoracic region. The current request is for Ketamine cream 5% 60mg #1 from date of service 11/18/14. The treating physician requests on 2/27/15 (A23) Ketamine cream 5% 60 grm #1 for neuropathic pain. MTUS guidelines, pages 111-113, consider topical analgesics largely experimental in use and recommends its use for neuropathic pain when trials of anti-depressants and anti-convulsion have failed; applied locally to painful areas. MTUS also states "Ketamine: Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted." In this case, the treating physician documents that the patient is suffering from neuropathic pain and that she has tried and failed the use of the anti-depressant Cymbalta. The current request is medically necessary and the recommendation is for authorization.