

Case Number:	CM15-0050566		
Date Assigned:	03/24/2015	Date of Injury:	09/25/2006
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/17/2015

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

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 an industrial injury on 9/25/2006. He reported a fall from a car bumper, when the concrete collapsed underneath. The injured worker was diagnosed as having postlaminectomy syndrome, lumbar region, and pain in joint, lower leg. Treatment to date has included surgical intervention and conservative measures, including physical therapy and medications. On 1/08/2015, the injured worker complains of low back and right knee pain, rated 6-7/10. He noted radicular symptoms in both lower extremities and noted significant difficulty getting to sleep lately. He recently completed 12 physical therapy sessions for his right knee, without benefit. Recent lab work revealed elevated liver enzymes. Current medications included Norco, Tizanidine, Gabapentin, Protonix, Ducosate, Lexapro, Ketamine cream and Diclofenac cream. Physical exam noted an antalgic gait, no edema or tenderness, normal muscle tone without atrophy, and normal muscle strength. Prescriptions were given for Diclofenac and Ketamine cream. Norco and Tizanidine were discontinued. Magnetic resonance imaging of the right knee was requested. A previous PR2 report, dated 5/21/2014, also noted the use of Diclofenac cream and Ketamine cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Diclofenac Sodium 1.5% 60 grm with a DOS of 1/8/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Official disability guidelines, Pain chapter, Diclofenac.

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for RETROSPECTIVE DICLOFENAC SODIUM 1.5% 60GRM DOS 01/08/15. Per 12/09/14 progress report, the patient is taking Tizanidine, Pantoprazole, Docusate sodium, Diclofenac sodium, Ketamine cream, Escitalopram, Gabapentin and Hydrocodone / ASAP. The patient awaits the result of liver function test. Work status is unknown. MTUS guidelines page 67 and 68 recommend NSAIDs (non-steroidal anti-inflammatory drugs) as an option for short-term symptomatic relief. However, for Diclofenac, ODG guidelines provide a specific discussion stating, "Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%." It goes on to state that there is a substantial increase in stroke. In this case, the patient has been utilizing Diclofenac sodium since at least 10/09/14. The treater does not document this medication's efficacy. None of the reports does not indicate whether the patient has utilized other NSAIDs or not. ODG does not support this medication unless other NSAIDs have failed and the patient is a very low risk profile. The request IS NOT medically necessary.

Retrospective Ketamine cream 60 gms with a dos of 1/8/2015: Upheld

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

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

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The request is for RETROSPECTIVE KETAMINE CREAM 60GMS DOS 01/08/15. Per 12/09/14 progress report, the patient is taking Tizanidine, Pantoprazole, Docusate sodium, Diclofenac sodium, Ketamine cream, Escitalopram, Gabapentin and Hydrocodone/ASAP. The patient awaits the result of liver function test. Work status is unknown. MTUS guidelines page 111 states that Ketamine is under study. It is "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. The exact mechanism of action remains undetermined. (Gammaitoni, 2000) (Lynch, 2005) See also Glucosamine (and Chondroitin Sulfate)." In this case, this patient has been on Ketamine 5% cream since at least 10/09/14. One of the diagnoses is postlaminectomy syndrome and the patient has had epidural

steroid injections in the past. The patient presents with neuropathic pain for which Ketamine may be indicated. However, the treater does not document how this topical cream is being used and with what effectiveness. MTUS page 60 require recording of pain and functional when medications are used for chronic pain. The request IS NOT medically necessary.