

Case Number:	CM14-0113560		
Date Assigned:	08/01/2014	Date of Injury:	07/05/2012
Decision Date:	09/26/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 44-year-old male with a 7/5/12 date of injury, and status post right shoulder surgery 1997. At the time (7/8/14) of request for authorization for Diclofenac NA 1.5% 60 gm apply to affected area TID #1, and Ketamine 5% cream 60 gm apply TID #1, there is documentation of subjective (neck and low back pain, pain radiates to the bilaterally upper and lower extremities) and objective (antalgia gait, 4/5 muscles strength extensor hallucis longus) findings, current diagnoses (cervical disc displacement without myelopathy, sprain/strain lumbar region, pain psychogenic NEC, lumbar spinal stenosis, depression with anxiety), and treatment to date (epidural steroid injection, activity modification, H-wave unit, and medications (including Diclofenac NA 1.5% and Ketamine 5% cream since at least 3/14)). Regarding the requested Diclofenac NA 1.5% 60 gm apply to affected area TID #1, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist), failure of an oral NSAID or contraindications to oral NSAIDs, an intention for short-term use (4-12 weeks), and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Diclofenac NA 1.5 % use to date. Regarding the requested Ketamine 5% cream 60 gm apply TID #1, there is no documentation that all primary and secondary options have been exhausted; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of ketamine 5% cream use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

DICLOFENAC NA 1.5% 60GM APPLY TO AFFECTED AREA TID #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory agents (NSAIDs) Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical analgesics.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identify documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist) and short-term use (4-12 weeks), as criteria necessary to support the medical necessity of topical NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of failure of an oral NSAID or contraindications to oral NSAIDs. Within the medical information available for review, there is documentation of diagnoses of cervical disc displacement without myelopathy, sprain/strain lumbar region, pain psychogenic NEC, lumbar spinal stenosis, depression with anxiety However, there is no documentation of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist), and failure of an oral NSAID or contraindications to oral NSAIDs. In addition, given medical records reflecting prescription for Diclofenac NA 1.5 % since at least 3/14, there is no documentation of an intention for short-term use (4-12 weeks) and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Diclofenac NA 1.5 % use to date. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.

KETAMINE 5% CREAM 60GRM APPLY TID #1: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment guidelines identify documentation of neuropathic pain when all primary and secondary options have been exhausted, as criteria necessary to support the medical necessity of topical ketamine. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical disc

displacement without myelopathy, sprain/strain lumbar region, pain psychogenic NEC, lumbar spinal stenosis, depression with anxiety. In addition, there is documentation of neuropathic pain. However, there is no documentation that all primary and secondary options have been exhausted. In addition, given medical records reflecting prescription for Ketamine 5% cream since at least 3/14, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of ketamine 5% cream use to date. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.