

Case Number:	CM14-0117637		
Date Assigned:	08/06/2014	Date of Injury:	11/03/2002
Decision Date:	09/29/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/25/2014

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 Occupational Medicine 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:

Patient is a 55-year-old female who has submitted a claim for headaches, hypertension, acid reflux, gallstones, bilateral carpal tunnel syndrome, and lumbar disc displacement associated with an industrial injury date of 11/13/2002. Medical records from 2014 were reviewed. Patient complained of bilateral elbow pain, left wrist pain, bilateral upper extremity pain, and low back pain radiating to the right lower extremity. Aggravating factors included prolonged sitting, repetitive bending, and kneeling. Physical examination showed that gait was antalgic. There were no signs of hypertrophic scar, erythema, or ecchymosis. Range of motion of the cervical spine and lumbar spine was restricted. Tenderness was noted at the paracervical and paralumbar muscles. Sensation was intact. Motor strength of right lower extremity muscles was rated 4/5. Patient reported improvement upon topical application of medications, without noted side effects. Treatment to date has included carpal tunnel release in 2004, right elbow surgery, and medications such as naproxen, ketamine cream, Norco, Protonix, Orphenadrine, and capsaicin cream (all since January 2014). Utilization review from 7/1/2014 denied the requests for Ketamine 5% and Capsaicin 0.075% 60gm because of lack of published studies concerning its efficacy and safety. There was likewise no documented objective evidence that patient required both oral and topical medications for treatment of industrial injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 5% 03212014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines antiinflammatory medications Page(s): 22, 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

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

Decision rationale: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. In this case, topical cream is prescribed as adjuvant therapy to oral medications since January 2014. Patient reported improvement upon topical application of medications, without noted side effects. However, there is no evidence of failure of first-line therapy, as patient is likewise currently on Naproxen, Norco, and Orphenadrine. There is no discussion concerning need for variance from the guidelines. Therefore, the request for Ketamine 5% is not medically necessary.

Capsaicin 0.075% 60gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 29-30, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, Capsaicin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CAPSAICIN; TOPICAL ANALGESICS Page(s): 28-29; 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines identifies on page 28 that topical Capsaicin is only recommended as an option if there was failure to respond or intolerance to other treatments. The guideline states there is no current indication that an increase over a 0.025% formulation of Capsaicin would provide any further efficacy. In this case, topical cream is prescribed as adjuvant therapy to oral medications. Patient reported improvement upon topical application of medications, without noted side effects. However, the prescribed Capsaicin in 0.075% formulation is not guideline recommended. There is likewise no evidence of failure of first-line therapy to warrant capsaicin. There is no discussion concerning need for variance from the guidelines. Therefore, the request for Capsaicin 0.075% 60gm is not medically necessary.