

<b>Case Number:</b>	CM14-0137211		
<b>Date Assigned:</b>	09/29/2014	<b>Date of Injury:</b>	05/23/2012
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Physical Medicine and Rehabilitation 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:

The injured worker is a 43-year-old male who reported an injury on 05/23/2012. The mechanism of injury reportedly occurred when he was trying to pull a pallet full of liquid that weighed approximately 3,500 pounds. His diagnosis included reflex sympathetic dystrophy and ulnar nerve lesion. His treatment included medications. His diagnostics included MRI of the left elbow and electromyography of the upper extremities. His surgical history included a left carpal tunnel release, medial nerve block, left submuscular nerve transposition, ulnar nerve block, and left flexor pronator lengthening was performed on 10/09/2012. On 08/12/2014, the injured worker complained of chronic left elbow pain. The physical examination revealed hyperalgesia and some allodynia tactile over the left elbow. He continued to have decreased range of motion by about 20% to 25% of normal in regard to flexion and extension. It was noted that atrophy of the left forearm continued to be present and is absent on the right. His medications were noted as nabumetone 500 mg, pantoprazole 20 mg, trazodone 50 mg, fluoxetine 20 mg, Aleve, Tylenol, and vitamin B complex. The treatment plan was for diclofenac sodium 1.5% 60gr and ketamine 5% cream 60gr. The rationale for the ketamine was that the injured worker uses it for neuropathic pain. The Request for Authorization form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diclofenac sodium 1.5% 60gr:** Upheld

**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): 111-112.

**Decision rationale:** According to the California MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. It has been shown in a meta-analysis that topical NSAIDs have been superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2 week period. The injured worker reported chronic left elbow pain. It was noted that he was status post left carpal tunnel release. A physician appeal note shows that the injured worker had previously tried antidepressants and anticonvulsants, but these were discontinued due to ineffectiveness or due to the side effects. It was also noted that he had tried topical capsaicin cream. However, it was discontinued as the cream made his bed sheets greasy. The physician appeal letter also noted that the injured worker had previously tried physical therapy, modified work, and day and night elbow splints, but he continued to be symptomatic. The physical examination revealed that there was hyperalgesia and some allodynia tactile over the left elbow area. However, the request failed to provide the frequency and directions for application as prescribed. As such, the request for Diclofenac sodium 1.5% 60gr is not medically necessary.

**Ketamine 5% cream 60gr:** Upheld

**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:** According to the California MTUS, ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. The injured worker complained of chronic left elbow pain. His physical examination revealed hyperalgesia and some allodynia tactile over the left elbow area. A physician appeal letter noted that he had previously tried antidepressants and anticonvulsants. However, they were discontinued due to ineffectiveness or side effects. It was also noted that he had tried capsaicin cream, but it was discontinued as the cream made his bed sheets greasy. The documentation and the physician appeal letter noted that the injured worker had previously tried physical therapy and day and night elbow splints, but he continued to be symptomatic. However, there was no other documentation showing how many visits of physical therapy he completed or for how long he used his splints, as the guidelines indicate that all primary and secondary treatments must be exhausted. Furthermore, the request failed to provide the frequency and the application directions for the cream as prescribed. As such, the request for Ketamine 5% cream 60gr is not medically necessary.

