

Case Number:	CM14-0156411		
Date Assigned:	09/25/2014	Date of Injury:	09/09/2011
Decision Date:	10/31/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/24/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 45-year-old female who reported an injury on 09/09/2011 due to cumulative trauma. Diagnoses were cervicgia with chronic cervical strain, bilateral cervicobrachial syndrome, repetitive strain injury, bilateral upper extremities with bilateral lateral epicondylitis, flexor extensor tenosynovitis, and probably mild cubital tunnel and carpal tunnel syndrome. Physical examination dated 08/05/2014 revealed complaints of neck pain. The injured worker reported that the pain radiated to bilateral cervicobrachial region. There were also complaints of aching pain about the elbows bilaterally. The injured worker reported that she gets numbness and tingling, which can occur through the first through fifth digits, and sometimes extended up to the forearm. Examination of the cervical spine revealed spasm and guarding at the base of the cervical spine that extended to the bilateral cervicobrachial region. There was normal range of motion of the shoulders bilaterally. There was negative tenderness over the cubital and carpal tunnels. There was lateral epicondylar tenderness present bilaterally. Sensation was intact to light touch. Treatment plan was for ketamine 5% cream and diclofenac 1.5% cream. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 1.5% 60gms QTY: 1.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Diclofenac Page(s): 111, 112.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines indicate that topical NSAIDs have been shown in meta-analysis to be 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. When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. These medications may be useful for chronic musculoskeletal pain, but there are no long term studies of their effectiveness or safety. Indications for usage are for osteoarthritis and tendonitis (in particular, that of the knee and elbow or other joints that are amenable to topical treatment). Recommended usage is for short term use (4 to 12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. It is not recommended for neuropathic pain, as there is no evidence to support use. The efficacy of this medication was not reported. The request does not indicate a frequency for the medication. The request does not state where the cream will be used. The clinical information submitted for review does not provide evidence to justify continued use. Therefore, this request is not medically necessary.

Ketamine 5% cream 60gms QTY: 1.00: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. This compound includes topical ketamine, which is under study and is only recommended in treatment of neuropathic pain which is refractory to all primary and secondary treatment. It was not reported that the injured worker had neuropathic pain. This request does not indicate a frequency for the medication or what part of the body this is to be used on. The efficacy of this medication was not reported. The clinical information submitted for review does not provide evidence to justify continued use. Therefore, this request is not medically necessary.

