MAXIMUS Federal Services

Case Number:	CM14-0166146		
Date Assigned:	10/13/2014	Date of Injury:	09/17/2009
Decision Date:	11/13/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/08/2014

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 Family Medicine and is licensed to practice in New York. 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 57 year old female who first reported problems on or about September 17, 2009. At the time of the reported problem she had been employed at the same company for approximately 8 years. She had been employed in accounts payable and used a key machine and computer. She had a 9 hour work day 5 days a week. She had two prior claims associated with pain in her hands attributed to "overuse". These problems were noted to have been particularly troublesome that morning. However that day she noted the onset of a sharp pain in her left thumb toward the tip. This was associated with a stiff neck and she was unable to turn her neck and began to experience dizziness and difficulty breathing. She was eventually evaluated, sent home and returned to work the next day on light duty. Her current treating provider felt that her problems were related to her work. The issues with her neck and hands became worse. The injured worker reported that she continued to experience neck pain, shoulder pain, headaches, numbness and aching in her hands. This has affected all her ADL's and her ability to work either in or out of the home. Her regular provider reports that she has trouble with rotation of her head to both left and right, continues to experience headache associated with her neck stiffness and pain. The neck pain radiates into the chest and back as well as into the right index finger and left thumb. MRI for 19Nov2009 reported a moderate to severe right and moderate left neural foraminal narrowing at C5-6 related to uncovertebral hypertrophy and facet hypertrophy. An EMG dated 11May 2010 was a grossly normal study with no cervical radiculopathy or peripheral neuropathy. The worker has apparently declined cervical epidural steroid injections and instead opted for acupuncture for symptomatic relief. She is reported to have had significant but temporary relief from prior acupuncture treatments. The worker was also reported to be using Effexor ER 37.5mg for her depression and Relafen 500mg 3 times a day and Lyrica 100mg 3

times a day for the neck. The relevant diagnoses include Cervico-cranial Syndrome with headache, Cervical Spinal Stenosis, Muscle Spasm and Cervical Spondylosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodum 1.5% 60 Grm DOS 07/01/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 Pain Intervention and Treatments Page(s): 67-73 and 111-113.

Decision rationale: The use of topical analgesics is considered largely experimental with few randomized controlled trials to determine efficacy or safety. Studies of the use of topical NSAID's such as Diclofenac have generally be small and of short duration. They have suggested clinical utility for short term use in osteoarthritis with diminishing effects after about 2 weeks. There is little evidence for its utility when used for OA of the spine. The FDA has approved this medication for use in OA in certain areas. It was not evaluated for treatment of the spine, hip or shoulder. For chronic back pain NSAID's can be used for short-term symptomatic relief. Per a Cochrane review they have not proven more effective than other approaches for pain and exhibit more adverse effects. They are not recognized as useful for neuropathic pain. Topical agents can have both local effects such as dermatitis and pruritis but more importantly have been shown to have systemic absorption and can have blood levels comparable to oral forms and therefore comparable systemic side effects such as the negative impact on renal function and increases in cardiovascular risks. This patient's pain has been of long duration focused on the neck, shoulder and hands for which this type of preparation has shown no long term efficacy. The request is not medically necessary.

Ketamine 5% Cream 60gr DOS 07/01/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 Interventions and Treatment Page(s): 56, 67-73 and 111-113.

Decision rationale: The use of topical analgesics is considered largely experimental with few randomized controlled trials to determine efficacy or safety Ketamine cannot be recommended. There is insufficient evidence to support the use of Ketamine for the treatment of chronic pain. Ketamine is used as an anesthetic and has been a drug of abuse. Safety and efficacy for other uses have not been established. There have been suggestions of utility with neuropathic pain. Clinical utility has been limited by disturbing psychoactive side effects. The exact mechanism of action is not understood. The request is not medically necessary.