

Case Number:	CM14-0181307		
Date Assigned:	11/06/2014	Date of Injury:	04/10/2011
Decision Date:	12/15/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/01/2014

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 Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 41-year-old female with complaints of bilateral upper extremity pain. The date of injury is 04/10/11 and the mechanism of injury was not mentioned. At the time of request for 1 Prescription for Diclofenac sodium 1.5% 60gm #1 and 1 Prescription for Ketamine 5% 60 gm #1, there are subjective complaints (continued pain in her neck and upper extremities, for the past couple of days more pain than usual, sharp pain shooting from the wrists into her hands on both sides, increased pain going up the arms to the neck), objective (no swelling noted on BUE and normal tone was observed), findings, imaging/other findings (electrodiagnostic study of the RUE on 06/05/11 revealed right median sensory motor neuropathy across the wrist consistent with clinical CTS. BUE EMG on 02/15/12 revealed mild bilateral CTS, slight worse on the right than the left and no evidence of cervical radiculopathy or polyneuropathy), surgeries (right carpal tunnel release on 09/16/13 and left carpal tunnel release on 03/08/14 with improvement in the left hand symptoms), current medications (Diclofenac Sodium and Ketamine), diagnoses (carpal tunnel syndrome, chronic pain NEC, neck pain, and cervicobrachial syndrome), and treatment to date (Ibuprofen, Pantoprazole, Cyclobenzaprine, Citalopram, and Tylenol extra strength; tried Topamax in the past, which made her sleepy; Gabapentin in the past.). The request for 1 Prescription for diclofenac sodium 1.5% 60gm #1 and 1 Prescription for Ketamine 5% 60 gm #1 was deemed not medically necessary on 10/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Diclofenac sodium 1.5% 60gm #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain(Chronic), Diclofenac, topical

Decision rationale: According to the CA MTUS guidelines, topical analgesics are an option with specific indications, many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents and they are largely experimental. According to the CA MTUS/ODG, the only NSAID that is FDA approved for topical application is diclofenac (Voltaren 1% Gel; Clinical trial data suggest that diclofenac sodium gel provides clinically meaningful analgesia in OA patients with a low incidence of systemic adverse events). Per guidelines, topical diclofenac is not recommended as a first line treatment, but is recommended as an option for patients at risk of adverse effects from oral NSAIDs, after considering the increased risk profile with Diclofenac. In this case, there is no documentation of failure of oral NSAIDs (Ibuprofen, Naproxen, etc.). On the contrary, there is documentation of 2 out of 10 VAS on medications. The patient's pain is tolerable on medications which include Ibuprofen (progress note from 1/16/14). Therefore, the request for Diclofenac 1.5% 60gm is not medically necessary.

1 Prescription for Ketamine 5% 60 gm #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain(Chronic), Ketamine

Decision rationale: Per guidelines Ketamine is not recommended. There is insufficient evidence to support the use of Ketamine for the treatment of chronic pain. There are no quality studies that support the use of Ketamine for chronic pain, but it is under study for CRPS. Ketamine is under study for topical use and is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Topical Ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia and both have shown encouraging results. Unfortunately, the request for Ketamine 5% 60gm is not medically necessary.