

Case Number:	CM14-0080662		
Date Assigned:	07/18/2014	Date of Injury:	02/14/2014
Decision Date:	08/18/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/02/2014

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 Anesthesia, has a subspecialty in Acupuncture & Pain 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:

The 35 year old female injured worker with date of injury 2/14/12 with related low back, neck, and left shoulder pain. Per 4/21/14 note, she reported that she had a flare up of pain and rated her pain greater than 10/10 in intensity, with the use of medications she stated that her pain level dropped back down to 7/10. She states that with the use of medications, she is able to continue working full duty and is able to continue her home exercise program. Per physical exam, tenderness to palpation at the lumbosacral junction was noted, with associated muscle tension extending into the mid back. Range of motion of lumbar spine was decreased by 30% with flexion and extension. Sensations were mildly decreased along the left calf compared to the right lower extremity. Motor strength was decreased with left foot dorsiflexion compared to the right lower extremity 4/5. MRI of the left shoulder 6/1/12 showed some tendinopathy involving the supraspinatus and subscapularis tendon and findings consistent in the AC joint with impingement. She was treated with physical therapy, injections, TENS, acupuncture, and medication management. The date of UR decision was 5/5/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac sodium 1.5% 60GM #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics, NSAIDS.

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

Decision rationale: With regard to topical diclofenac sodium, the MTUS states: "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." As the injured worker has no diagnosis of osteoarthritis and the medication has not been evaluated for the treatment of the neck and spine, the request is not medically necessary.

Ketamine 5% cream 60GM #1: 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 Page(s): 111-113.

Decision rationale: With regard to Ketamine MTUS states: Under study: 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. As the documentation contains no evidence of second line analgesic trial such as TCA or SNRI, the request is not medically necessary.