

Case Number:	CM14-0094947		
Date Assigned:	09/22/2014	Date of Injury:	07/17/2013
Decision Date:	10/21/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/19/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 29-year-old male with a date of injury of 07/17/2013. The listed diagnoses per [REDACTED] are: 1. Cervical disk displacement. 2. Sprain/strain of lumbar region. 3. Sprain in knee. According to progress report, 05/06/2014, the patient presents with pain in the neck and low back with numbness and tingling in the right leg. The patient also complains of left knee pain and weakness. Physical examination revealed tenderness in the C5 and C6 spinous processes as well as the thomboid and trapezius bilaterally. The treater is requesting refill of medication diclofenac sodium 1.5% 60 gm, Tramadol/APAP 37.5/325 mg #90, and ketamine 5% cream. Utilization review denied the request on 05/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac NA 1.5% 60gm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES PAIN

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Non-steroidal antiinflammatory agents (NSAIDs): Page(s): 111.

Decision rationale: This patient presents with neck, low back, and knee pain. The treater is requesting diclofenac sodium 1.5% 60 mg to be applied to the affected area 3 times a day. The MTUS Guidelines states, "efficacy in clinical trials for this topical NSAIDs modality has been inconsistent and most studies are small and of short duration. Indications are for osteoarthritis and tendonitis, in particular that of the knee and elbow and other joints that are amenable to topical treatment, recommended for short term use for 12 weeks. There is little evidence utilized topical NSAID for treatments of osteoarthritis of the spine, hip, or shoulder." In this case, the patient does not suffer from peripheral joint arthritis or tendinitis problems for which topical NSAIDs are indicated for. The request is not medically necessary.

Tramadol/APAP 27.5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use, Page(s): 88-89.

Decision rationale: This patient presents with neck, low back, and knee pain. The treater is requesting a refill of tramadol APAP 37.5/325 mg #90. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater does not provide a pain scale for pain assessment, outcome measures, or functional improvement with taking tramadol. Furthermore, there is no urine drug screen or discussion of possible aberrant behaviors or adverse effects as required by MTUS. Given the lack of sufficient documentation for long-term opioid use, the request is not medically necessary.

Ketamine 5% cream 60gm: 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, Non-steroidal antiinflammatory agents (NSAIDs): Page(s): 111.

Decision rationale: This patient presents with neck, low back, and knee pain. The treater is requesting a refill of ketamine 5% topical cream to be applied to the affected area. The MTUS guidelines has the following regarding topical creams (p111, chronic pain section): For Ketamine topical, it is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. In this case, the treater does not discuss if Ketamine cream has been effective in managing the patient's neuropathic pain. MTUS page 60 requires documentation of pain assessment and functional changes when medications are used

for chronic pain. Given the lack of discussion of this medication efficacy, the request is not medically necessary.