

Case Number:	CM15-0001723		
Date Assigned:	01/12/2015	Date of Injury:	04/10/2011
Decision Date:	03/11/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

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 42 year old female, who sustained an industrial injury on 4/10/2011. The diagnoses have included carpal tunnel syndrome, chronic pain, neck pain and syndrome cervicobrachial. Treatment to date has included pain medications and carpal tunnel surgery. Per the visit note from 11/20/2014, the injured worker continued to have neck and upper extremity pain with shooting pain into the hands in both arms. She reported that Gabapentin was making her dizzy so she wanted to stop using it. She reported having Topamax in the past which caused sedation. She thought she had tried Lyrica, but was unsure. Physical exam revealed normal muscle tone in the extremities. Treatment plan included a functional restoration program. The injured worker was precluded from lifting, pushing and pulling greater than 5 pounds. She was also precluded from repetitive gripping, grasping and fine motor use of the bilateral upper extremities for more than half the work day. Current medications included Diclofenac Sodium 1.5% 60 gm anti-inflammatory cream, Ketamine 5% cream 60gm, ibuprofen, citalopram Hbr, Tylenol ES and protonix. On 12/22/2014, Utilization Review (UR) non-certified a request for Diclofenac sodium cream 1.5% gm apply to affected area three times a day, noting that there was no justification as to why a compounded versus more standardized formulation was being utilized. UR also non-certified a request for Ketamine 5% cream 60gm, noting that the injured worker did not have a condition that would be appropriate for treatment with this medication. The MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac Sodium 1.5 percent gram apply to affected area TID #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 Pain Interventions and Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Pain, diclofenac

Decision rationale: This medication is a topical preparation of diclofenac, a non-steroidal anti-inflammatory drug (NSAID) . Topical NSAIDS have been shown to be superior to placebo in the treatment of osteoarthritis, but only in the short term and not for extended treatment. The effect appears to diminish over time. Absorption of the medication can occur and may have systemic side effects comparable to oral form. It is 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. In this case the documentation in the medical record does not support that the patient was suffering from osteoarthritis. In addition the medication has not been evaluated for the neck. There is no medical indication for the topical diclofenac. The request should not be authorized.

Ketamine 5 percent cream 60 gm apply to affected area tid #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 Pain Interventions and Guidelines Page(s): 56, 113.

Decision rationale: The use of topical ketamine is under study. Ketamine is an anesthetic in animals and humans, and also a drug of abuse in humans, but ketamine may offer a promising therapeutic option in the treatment of appropriately selected patients with intractable CRPS. It 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 CRPSI and post-herpetic neuralgia and both have shown encouraging results. The exact mechanism of action remains undetermined. In this case there is no documentation that the patient is suffering from CRPS or post-herpetic neuralgia or that all primary and secondary treatment has been tried and failed. There is no medical indication for the topical ketamine. The request should not be authorized.