

<b>Case Number:</b>	CM15-0014313		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	08/23/2006
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

In a Utilization Review Report dated January 19, 2015, the claims administrator failed to approve a request for capsaicin and ketamine containing topical compounds apparently dispensed on June 10, 2014, August 6, 2014, and October 6, 2014. The applicant's attorney subsequently appealed. In a January 12, 2015 appeal letter, the attending provider appealed several medications, including Phenergan, topical capsaicin, topical ketamine, Ambien, Norco, Morphine, Norflex, and Protonix. The attending provider contended that the claims administrator had based its decision, on large part, on ODG's formulary, as opposed to on medical necessity grounds. In a December 4, 2014 progress note, the applicant reported ongoing complaints of neck pain. The applicant was given prescriptions for capsaicin-containing cream, ketamine-containing cream, Morphine, Norflex, and Norco. The applicant's complete medications included Phenergan, a capsaicin-containing cream, a ketamine-containing cream, Ambien, Morphine, Norflex, Protonix, Norco, and Zocor. Permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was working with said limitations in place, although this did not appear to be the case. In an October 6, 2014 progress note, the applicant reported persistent complaints of neck pain radiating to the left upper extremity. The applicant was reporting difficulty with sleeping, and other activities of daily living. The applicant was status post earlier cervical fusion surgery. Norco, Morphine, Phenergan, the capsaicin-containing cream, the ketamine-containing cream, Ambien, Norflex, and Protonix were all refilled, as with the applicant's permanent work restrictions. It did not appear that the applicant was working with said permanent limitations in place, although this was

not explicitly stated. On August 6, 2014, the applicant reported ongoing complaints of neck pain. The applicant had received acupuncture. The attending provider stated that the applicant's ability to perform activities of daily living and household chores were reportedly improved as a result of ongoing medications consumption, but declined to elaborate further. Capsaicin-containing cream, ketamine-containing cream, Norco, Morphine, Norflex, Protonix were all renewed, as were the applicant's permanent work restrictions.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retro: Capsaicin, .075% 60gm #2; DOS: 6/10/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26.

**Decision rationale:** 1. No, the capsaicin-containing compound dispensed on June 10, 2014, was not medically necessary, medically appropriate, or indicated here. As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, topical capsaicin is not recommended such as a last line agent, for applicants, who have responded to or are intolerant of other treatments. Here, however, the applicant's ongoing usage of numerous first line oral pharmaceuticals including Morphine, Norflex, Norco, etc., effectively obviated the need for the capsaicin-containing compound at issue. Therefore, the request was not medically necessary.

**Retro: Capsaicin, .075% 60gm #2; DOS: 8/5/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26.

**Decision rationale:** 2. Similarly, the capsaicin-containing topical compound dispensed on August 6, 2014, was likewise not medically necessary, medically appropriate, and indicated here. As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, topical capsaicin is not recommended except as a last line agent, for applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's ongoing usage of numerous first line oral pharmaceuticals, including Morphine, Norco, Norflex, etc., effectively obviated the need for the capsaicin-containing compound at issue. Therefore, the request is not medically necessary.

**Retro: Capsaicin, .075% 60gm #2; DOS: 10/6/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R.9792.20 - 9792.26.

**Decision rationale:** 3. Similarly, the capsaicin-containing compound dispensed on August 6, 2014, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, topical capsaicin is not recommended except as a last line agent, for applicants who have not responded to or are intolerant of other treatments. Here, however, the applicant's ongoing usage of numerous first line oral pharmaceuticals, including Norco, Norflex, Morphine, etc., effectively obviated the need for the capsaicin containing compound at issue. Therefore, the request was not medically necessary.

**Retro: Ketamine 5% cream, 60gm #2; DOS: 6/10/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine: Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Ef.

**Decision rationale:** 4. Similarly, the ketamine-containing cream was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, topical ketamine is recommended only for treatment of neuropathic pain in refractory cases in which all primary and secondary treatments have been exhausted. Here, however, there is no mention of the applicant's having tried, failed, and/or exhausted multiple first line oral anticonvulsants and/or oral antidepressants and adjuvant medications prior to introduction, selection and/or ongoing usage of ketamine containing compound at issue. Therefore, the request was not medically necessary.

**Retro: Ketamine 5% cream, 60gm #2; DOS: 8/5/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine: Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Ef.

**Decision rationale:** 5. Similarly, the ketamine-containing cream was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, topical ketamine is recommended only for treatment of neuropathic pain in refractory cases in which all primary and secondary treatments have been exhausted. Here, however, there is no mention of the applicant's having tried, failed, and/or exhausted multiple first line oral anticonvulsants and/or oral antidepressants and adjuvant

medications prior to introduction, selection and/or ongoing usage of ketamine containing compound at issue. Therefore, the request was not medically necessary.

**Retro: Ketamine 5% cream, 60gm #2; DOS: 10/6/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine: Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Ef.

**Decision rationale:** 6. Similarly, the ketamine-containing cream was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, topical ketamine is recommended only for treatment of neuropathic pain in refractory cases in which all primary and secondary treatments have been exhausted. Here, however, there is no mention of the applicant's having tried, failed, and/or exhausted multiple first line oral anticonvulsants and/or oral antidepressants and adjuvant medications prior to introduction, selection and/or ongoing usage of ketamine containing compound at issue. Therefore, the request was not medically necessary.