

Case Number:	CM15-0122997		
Date Assigned:	07/07/2015	Date of Injury:	06/17/2010
Decision Date:	08/04/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/25/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59 year old female who sustained an industrial injury on 6/17/10. She had complaints of left shoulder pain. Treatments to date include medication, physical therapy, massage therapy, TENS unit, completed functional restorative program and multiple surgeries. Visit note dated 5/7/15 reports chronic left shoulder pain. Diagnoses include: pain in shoulder joint, long term use of medications and pain psychogenic. Plan of care includes: request authorization for Ketamine 5% cream 60 gr apply to affected are three times a day #2 and Hydrocodone-apap 10/325 mg 1 every 8 hours as needed for pain #90, discontinue Nabumetone- Relafen 500 mg, changed Pantoprazole-Protonix 20 mg #60 increased, may increase hydrocodone up to 4 per day for increased pain with return to work and refill current medications. Work status: injured worker requested 30 day trial back to work. As of 5/18/15 return to full duty without restrictions on a 30 day trial basis. Follow up as scheduled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 5% cream 60gm, QTY 2: 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.

Decision rationale: Regarding the request for topical ketamine, Chronic Pain Medical Treatment Guidelines state that ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. The guidelines further clarify that this has been examined specifically in CRPS I and post-herpetic neuralgia in non-controlled studies. Within the documentation available for review, the requesting physician has prescribed topical ketamine for shoulder pain. It is not clearly identified as PHN or CRPS type pain, but rather appears to be musculoskeletal in etiology. Furthermore, it is unclear whether the patient has failed first line therapies which are recommended firstly by guidelines. As such, this request is not medically necessary.

Hydrocodone-APAP 10/325mg QTY 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. Improvement in function was not clearly outlined. The MTUS defines this as a clinical significant improvement in activities of daily living or a reduction in work restrictions. Based on the lack of documentation, medical necessity of this request cannot be established at this time. Therefore, this request is not medically necessary.