

Case Number:	CM15-0126174		
Date Assigned:	07/10/2015	Date of Injury:	06/14/2011
Decision Date:	08/12/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/30/2015

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: Arizona, Michigan

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:

The injured worker is a 57 year old female, who sustained an industrial injury on June 14, 2011. The injured worker was diagnosed as having chronic pain, pain in shoulder joint, cervical disc displacement without myelopathy, and long term use of medications. Treatments and evaluations to date have included massage therapy, MRIs, Functional Restoration Program, and medication. Currently, the injured worker complains of persistent pain in her back, intermittent pain in her legs, tenderness over the left hip, and urinary incontinence. The Treating Physician's report dated April 17, 2015, noted the injured worker reported massage therapy, ketamine cream, and Voltaren cream had helped her dramatically. The injured worker was noted to be working full-time. Physical examination was noted to show decreased sensation in the left L3 and L5 dermatomes, with rather exquisite left hip tenderness over the greater trochanteric bursa. The injured worker's current medications were listed as Ketamine cream, Voltaren gel, Levothyroxine, Tylenol, Omeprazole, and Simvastatin. The treatment plan was noted to include a request for authorization for a left hip AP and lateral x-ray, and prescriptions for the Ketamine cream and Voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Tube of Voltaren 1% gel 60 grams: Overturned

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): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) / Voltaren Gel (diclofenac), topical analgesics, non-steroidal anti-inflammatory agents (NSAIDs).

Decision rationale: The requested medication contains Diclofenac, a non-steroid anti-inflammatory drug (NSAID). The guidelines note that these medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Topical non-steroidal anti-inflammatory agents (NSAIDs) are indicated for osteoarthritis and tendinitis, in particular that of the knee and elbow or other joints that are amenable to topical treatment. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. The documentation provided noted the injured worker had back pain, leg pain, and left hip tenderness, sites that have not been evaluated for treatment with topical NSAIDs, the physician notes the Voltaren gel is to be applied to the back. Topical nonsteroidals are not recommended for neuropathic pain. The MTUS lists Voltaren gel 1% as FDA- approved. The ODG states that topical diclofenac (Voltaren) is not recommended as a first line treatment due to increased risk profile. Topical diclofenac is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs, after considering the increased risk profile of diclofenac, including topical formulation. The FDA has issued warnings about the potential for elevation in liver function tests during treatment with all products containing diclofenac, with cases of severe hepatic reactions reported in post-marketing surveillance. Transaminases should be measured periodically in all patients receiving long-term therapy with diclofenac. A review of the injured workers reveal a failed trial of oral NSAIDs with documentation of gastrointestinal side effects, there is also documentation of improvement in pain and function with the use of Voltaren gel and the injured worker is said to be in full time employment, therefore based on the guidelines and the injured workers clinical response the request for 1 Tube of Voltaren 1% get 60 grams is medically necessary.

1 Tube of Ketamine 5% cream 60 grams: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine Page(s): 56.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines note that Ketamine is "only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted". Topical ketamine is under study for Complex Regional Pain Syndrome (CRPS) I and post-herpetic neuralgia with encouraging results. The documentation provided notes that the injured worker has failed trials of antidepressants, antiepileptic drugs, muscle relaxants and opioids. She has also had extensive physical therapy

and epidural steroid injection but has remained symptomatic. The injured worker has used the Ketamine cream since February 2015, with documentation of improvement in pain, function, activities of daily living (ADLs), and quality of life with the use of the Ketamine cream. She is also gainfully employed. Therefore, based on the guidelines and the injured workers specific clinical situation and response to Ketamine the request for 1 Tube of Ketamine 5% cream 60 grams is medically necessary.