

Case Number:	CM15-0129880		
Date Assigned:	07/22/2015	Date of Injury:	04/23/2010
Decision Date:	09/24/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	07/06/2015

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

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 62 year old female who sustained an industrial injury on 4/23/10. The injured worker was diagnosed as having cervical disc displacement without myelopathy, pain in joint - shoulder, degeneration cervical disc, neck pain, chronic pain, pain psychogenic left C7 radiculopathy. Currently, the injured worker was with complaints of pain in the neck and bilateral upper extremities. Previous treatments included status post left shoulder surgery (March 2013), status post cervical facet radiofrequency ablation (March 2014), functional restoration program, oral pain medication, home exercise program, oral non-steroidal anti-inflammatory drugs and topical non-steroidal anti-inflammatory drugs. Previous diagnostic studies included radiographic studies, electromyography, and a magnetic resonance imaging. The injured work status was noted as permanent and stationary with permanent disability. The injured workers pain level was not noted. Physical examination was notable for neck with painful range of motion, trapezius with palpable tenderness. The plan of care was for Tramadol/APAP 37.5/325 milligrams quantity of 90, Gabapentin 600 milligrams quantity of 60, Pantoprazole 20 milligrams quantity of 60, Diclofenac sodium 1.5% 60 grams and Ketamine 5% cream 60 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pantoprazole 20mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The current request is for Pantoprazole 20mg #60. The RFA is dated 05/28/15. Previous treatments included status post left shoulder surgery (March 2013), status post cervical facet radiofrequency ablation (March 2014), functional restoration program, oral pain medication, home exercise program, oral non-steroidal anti-inflammatory drugs and topical non-steroidal anti-inflammatory drugs. The patient is permanently disabled. MTUS pg. 69, NSAIDs, GI symptoms & cardiovascular risk Section states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Per report 05/28/15, the patient presents with chronic left shoulder and neck pain. Physical examination was notable for painful range of motion in the neck and shoulder, trapezius with palpable tenderness was also noted. The treater is requesting a refill of Pantoprazole. The treater states that the patient has been taking Naproxen chronically and has complaints of abdominal pain. The patient reports Protonix to be helpful and she is only using 1 tablet as needed. Given the patient's history of GI complaints and long term use of Naproxen, the use of this medication is indicated. This request IS medically necessary.

Diclofenac sodium 1.5% 60gms: 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 Topical analgesics Page(s): 111.

Decision rationale: The current request is for Diclofenac sodium 1.5% 60gms. The RFA is dated 05/28/15. Previous treatments included status post left shoulder surgery (March 2013), status post cervical facet radiofrequency ablation (March 2014), functional restoration program, oral pain medication, home exercise program, oral non-steroidal anti-inflammatory drugs and topical non-steroidal anti-inflammatory drugs. The patient is permanently disabled. MTUS, page 111 under Topical analgesics states, Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS pages 111-113 under Topical Analgesics, regarding Non-steroidal anti-inflammatory agents (NSAIDs) states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." There is little evidence to

utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Per report 05/28/15, the patient presents with chronic left shoulder and neck pain. Physical examination was notable for painful range of motion in the neck and shoulder, trapezius with palpable tenderness was also noted. The treater is requesting a refill of Diclofenac topical cream. The patient reports that with the use of Diclofenac cream, she is able to function better with decreased pain. The patient has tried Ibuprofen with some side effects and this topical cream is better than using oral medications as this is absorbed by the skin. MTUS guidelines indicate that topical NSAID medications are considered appropriate for peripheral joint complaints, and specifically states that there is little evidence to utilize topical NSAIDs for osteoarthritis of the spine, hip, or shoulder. This patient presents with chronic neck and shoulder pain, not a peripheral joint complaint amenable to topical NSAIDs. Without discussion of a peripheral joint complaint or other condition for which Flector patches are considered appropriate, the request cannot be substantiated. Therefore, the request IS NOT medically necessary.

Ketamine 5% cream 60gms: 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 Topical analgesics Page(s): 111.

Decision rationale: The current request is for Ketamine 5% cream 60gms. The RFA is dated 05/28/15. Previous treatments included status post left shoulder surgery (March 2013), status post cervical facet radiofrequency ablation (March 2014), functional restoration program, oral pain medication, home exercise program, oral non-steroidal anti-inflammatory drugs and topical non-steroidal anti-inflammatory drugs. The patient is permanently disabled. MTUS, page 111 under Topical analgesics states, Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. MTUS page 111 also states Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. Per report 05/28/15, the patient presents with chronic left shoulder and neck pain. Physical examination was notable for painful range of motion in the neck and shoulder, trapezius with palpable tenderness was also noted. The treater is requesting a refill of Ketamine topical cream. The treater states that this medication is for the patient's chronic neck and bilateral extremity pain. Regarding Ketamine, the patient has not been diagnosed with CRPS or post-herpetic neuralgia, and ketamine has not been shown in any studies to provide functional improvement for other neuropathic pain. Therefore, this request IS NOT medically necessary.