

<b>Case Number:</b>	CM15-0074341		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	06/14/2011
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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, New York, 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:

The applicant is a represented 56-year-old who has filed a claim for chronic neck and low back pain (LBP) reportedly associated with an industrial injury of June 4, 2011. In a Utilization Review report dated March 19, 2015, the claims administrator failed to approve requests for Voltaren gel and a ketamine-containing cream. The claims administrator referenced a March 12, 2015 RFA form and associated office visit of March 11, 2015 in its determination. The applicant's attorney subsequently appealed. On March 24, 2015, the attending provider appealed previously denied lumbar MRI. The applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities. The attending provider stated that the applicant had issues with urinary incontinence, which compelled the repeat lumbar MRI request. In an RFA form dated March 13, 2015, the attending provider sought retrospective authorization for a ketamine-containing cream and Voltaren gel apparently dispensed on March 11, 2015. In an associated progress note dated February 6, 2015, the applicant reported ongoing complaints of low back pain radiating to the leg. The applicant had apparently presented to obtain further massage therapy. The applicant's medication list included Tylenol, Prilosec, Zocor, Levoxyl, ketamine, and a diclofenac-containing cream. Both the diclofenac-containing cream and Voltaren gel were apparently renewed, as were the applicant's permanent work restrictions. It did not appear that the applicant was working with said permanent limitations in place.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Voltaren 1% Gel (100mg tube): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Voltaren Gel 1% (diclofenac) Page(s): 112.

**Decision rationale:** No, the request for Voltaren gel was not medically necessary, medically appropriate, or indicated here. The applicant's primary pain generators here were the low back and neck. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical diclofenac or topical Voltaren has "not been evaluated" for treatment of the spine, hip, and/or shoulder. Here, the applicant's primary pain generator was, in fact, spine, i.e., a body part for which topical Voltaren has not been evaluated. No rationale for selection of this particular article in the face of the tepid-to-unfavorable MTUS position on the same was furnished. It was not stated why first-line oral pharmaceuticals could not be employed here. Therefore, the request was not medically necessary.

**1 Ketamine 5% (60mg Cream): Upheld**

**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): 113.

**Decision rationale:** 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 "under study" and recommended only for treatment of neuropathic pain and refractory cases in which all primary and secondary treatments have been exhausted. Here, however, there was no evidence that the applicant had in fact tried, failed, and/or exhausted multiple first-line oral pharmaceuticals before the ketamine-containing cream in question was introduced. Therefore, the request was not medically necessary.