

Case Number:	CM15-0076225		
Date Assigned:	04/27/2015	Date of Injury:	04/10/2007
Decision Date:	06/01/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/21/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, 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 77 year old female with an industrial injury dated April 10, 2007. The injured worker's diagnoses include pain in shoulder joint, anxiety and insomnia. Treatment consisted of prescribed medications, functional restoration program, arthroscopic surgery, injections, physical therapy, home exercise therapy and periodic follow up visits. In a progress note dated 2/27/2015, the injured worker reported chronic bilateral shoulder and right wrist pain. The injured worker rated her pain level a 3/10 Objective findings revealed a decrease in right upper extremity arm abduction. The treating physician prescribed Capsaicin 0.075 percent cream and Ketamine 5 percent cream 60gram now under review. The medications listed are trazodone, pantoprazole and the topical products. The Prozac medication was recently discontinued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.075 percent cream TID #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that compound topical analgesic products can be utilized for the treatment of localized neuropathic pain when first line oral anticonvulsants or antidepressants and second line lidocaine patch have failed. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS or post herpetic neuralgia. The patient was with musculoskeletal shoulder pain. There is no documentation of failure of first line medications. The guidelines indicate that chronic pain patients with co-existing psychosomatic symptoms as this IW report significant symptomatic improvement when treated with the orally administered first line medications. The criteria for the use of topical capsaicin 0.075% cream #1 was not met. Therefore, the requested medical treatment is not medically necessary.

Ketamine 5 percent cream 60gram TID #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain Page(s): 13-14.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that compound topical analgesic products can be utilized for the treatment of localized neuropathic pain when first line oral anticonvulsants or antidepressants and second line lidocaine patch have failed. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS or post herpetic neuralgia. The patient was diagnosed with musculoskeletal shoulder pain. There is no documentation of failure of first line and second line medications. The guidelines indicate that chronic pain patients with with co-existing psychosomatic symptoms as this IW report significant symptomatic improvement when treated with the orally administered first line medications. The criteria for the use of ketamine 5% cream 60gram tid #1 was not met. Therefore, the requested medical treatment is not medically necessary.