

Case Number:	CM15-0097996		
Date Assigned:	05/29/2015	Date of Injury:	03/09/1993
Decision Date:	06/26/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/21/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 59-year-old female patient who sustained an industrial injury on 03/09/1993. A pain management follow up visit dated 12/10/2014 reported the following treating diagnoses: complex regional pain syndrome of the right arm, neck, shoulder and upper back; cervical spinal stenosis; status post right rotator cuff surgery with residual neuropathic and myofascial pain; asthma; obesity, and depression. She did undergo a stellate Ganglion block administration on 12/01/2014. Prescribed medications consist of Vicodin, Topamax, Flector, Deplin, topical ointment, Xanax, Pristiq, Geodon, and Fish oil. The patient rated her overall improvement as being at 80%. She is reporting a VAS sensory of 3 with an affective component of 3, and her mood, activity are improved and sleep quality is unchanged. The plan of care noted the patient to undergo another stellate ganglion block in January, prescribed topical ointment, and continue using Senna along with the intermittent use of Vicodin. On 01/05/2015, she had a pain management follow up visit that reported receiving another stellate ganglion block at C6 under fluoroscopy. A primary treating follow up on 01/19/2015 reported the patient with subjective complaint of having right shoulder, arm, and hand pain is now at a pain level of 4 in intensity out of 10. She reports the current medication regimen helps her to maintain function and activity; along with mood stabilization and sleep stability. She is still having difficulty socially meeting new people secondary to anxiety. The impression found the patient with major depression, single episode moderate; generalized anxiety disorder; pain disorder associated with both psychological factors and general medical condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 10%, Ketamine 10%, Lidocaine 5%, Hyaluronic Acid 0.1%, quantity: 1:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS states regarding topical Ketamine, "Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted." Medical records do not indicate that all primary and secondary treatment options have been exhausted. MTUS specifically states for Voltaren Gel 1% (diclofenac) that it is "Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder." Medical records do not indicate that the patient is being treated for osteoarthritis pain in the joints. As such, the request for Diclofenac 10%, Ketamine 10%, Lidocaine 5%, Hyaluronic Acid 0.1%, quantity: 1 is not medically necessary.