

Case Number:	CM15-0098667		
Date Assigned:	06/01/2015	Date of Injury:	01/15/2014
Decision Date:	07/10/2015	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: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 30-year-old female, who sustained an industrial injury on 01/15/2014. She has reported injury to the neck, right shoulder, and right upper extremity. The diagnoses have included neck pain; pain in joint, shoulder; internal derangement, right shoulder, with impingement syndrome; cervicobrachial syndrome; right cubital and carpal tunnel syndrome; and ulnar nerve lesion. Treatment to date has included medications, diagnostics, trigger point injections, acupuncture, and physical therapy. Medications have included Norco, Tramadol HCl ER, Vicodin, Baclofen, Amitriptyline HCl, and Pantoprazole. A progress note from the treating physician, dated 04/23/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of intolerable pain in her right upper extremity radiating up to her shoulder; notes swelling with very minimal movements and dry skin only on the right side; pain keeps her up at night; medication is not effective in reducing her pain; constant burning pain in the right cervicobrachial region about the right shoulder, particularly anterior and to the superior chest wall on the right-hand side and around the periscapular region; and intermittent pain, numbness and tingling around the medial aspect of the upper arm into the third, fourth, and fifth digits. Objective findings included acute distress and extreme anxiety; and she is in need of psychiatric consultation with medical management as soon as possible. The treatment plan has included the request for Ketamine 5% cream 60g; and psychiatry consultation with medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 5% cream 60g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine, Topical Analgesics Page(s): 56, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: According to CA MTUS, topical Ketamine is "under study," only studied for use in CRPS and post-herpetic neuralgia. In addition, it is only recommended for treatment of neuropathic pain in refractory cases in which primary and secondary treatment has been exhausted. In this case, there is no evidence that primary and secondary treatment agents have been tried and failed. Therefore, the request is deemed not medically necessary at this time.

Psychiatry consultation with medication management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: This is a patient with chronic musculoskeletal pain with associated anxiety and depression. The request is for psychiatric referral for medication management. The CA MTUS indicates that referrals are recommended to aid in diagnosis, prognosis and therapeutic management, determination of medical stability and permanent residual loss and/or examinee's fitness for return to work. In this case, it appears that the diagnosis of chronic regional pain syndrome has not been considered. In addition, there are numerous first-line agents for neuropathic pain that also treat anxiety and depression (antidepressants) that have not been tried. A successful trial of antidepressants could eliminate the need for a psychiatric referral and assist in the treatment of pain. In addition, the request for psychiatric management is not specific and open-ended. The request is deemed not medically necessary or appropriate at this time.