

Case Number:	CM14-0102587		
Date Assigned:	07/30/2014	Date of Injury:	07/21/2011
Decision Date:	09/26/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/02/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 50-year-old female who reported an injury after she was struck in the arm with a door on 07/21/2011. The clinical note dated 06/02/2014 indicate diagnoses of pain in joint forearm and de Quervain's tenosynovitis. The injured worker reported chronic right hand pain. The injured worker reported that her pain level was 7/10. She reported she had difficulty with the use of her right hand, especially with heavy lifting or repetitive use. The injured worker reported she did continue to do home exercises. The injured worker reported the medications helped with her pain and function. The injured worker reported she utilized the medications intermittently with the exception of Lexapro. The injured worker reported Lexapro helped with her depressive symptoms and that she was no longer utilizing tramadol and that she only utilized naproxen and Protonix intermittently. On physical examination, the injured worker ambulated without any difficulty. The injured worker was alert and oriented times 3 with no signs of sedation. The injured worker's treatment plan included wrist brace, psychology consult, and 6 followup sessions with psychiatrist. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included naproxen, ketamine, and Lexapro. The provider submitted a request for Lexapro and ketamine cream. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request: Ketamine 5% cream to affected area 3 times daily (Rx [REDACTED] 06/02/14) Qty: 1.00: 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, Ketamine Page(s): 111, 113.

Decision rationale: The request for Retrospective request: Ketamine 5% cream to affected area 3 times daily (Rx [REDACTED] 06/02/14) Qty: 1.00 is not medically necessary. The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. It was not indicated if the injured worker had tried and failed antidepressants or anticonvulsants. In addition, ketamine is under study and only recommended in treatment of neuropathic pain which is refractory to all primary and secondary treatment. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for Retrospective request: Ketamine 5% cream to affected area 3 times daily (Rx [REDACTED] 06/02/14) Qty: 1.00 is not medically necessary.

Retrospective request: Lexapro 5mg 3 tablets daily (Rx [REDACTED] 06/02/14) Qty: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

Decision rationale: The request for Retrospective request: Lexapro 5mg 3 tablets daily (Rx [REDACTED] [REDACTED] 06/02/14) Qty: 90.00 is not medically necessary. The CA MTUS recommend antidepressants for chronic pain as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. It was not indicated how long the injured worker had been utilizing the Lexapro. In addition, Lexapro is indicated for first line option for neuropathic pain, short duration for 6 to 12 weeks. The injured worker has been prescribed this medication since at least 03/03/2014. This exceeds the guidelines recommendation. Therefore, the request is not medically necessary.