

Case Number:	CM14-0141144		
Date Assigned:	09/10/2014	Date of Injury:	10/23/2006
Decision Date:	10/15/2014	UR Denial Date:	08/24/2014
Priority:	Standard	Application Received:	09/02/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in Oklahoma. 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 52-year-old who reported a date of injury of October 23, 2006. The mechanism of injury was not indicated. The injured worker had diagnoses of shoulder joint pain, hand joint pain and forearm joint pain. Prior treatments included a home exercise program, physical therapy and a functional restoration program. Diagnostic studies and surgeries were not indicated within the medical records received. The injured worker had complaints of an increase in chronic neck pain radiating down her right upper extremity. The clinical note dated August 8, 2014 noted the injured worker had findings including normal muscle tone without atrophy in the upper extremities bilaterally, normal muscle tone without atrophy in the lower extremities bilaterally, the right upper extremity's range of motion was 4/5 forearm flexion, 4/5 forearm extension and 4/5 wrist extension. The upper left extremity had range of motion of 5/5 for arm abduction, forearm flexion, forearm extension, wrist extension, thumb apposition and digit abduction, there was tenderness to palpation of the right hand at the base of the thumb and the lower extremities bilaterally was 5/5. The injured worker's neck had increased muscle tone of the trapezius, tenderness to palpation and a positive Finkelstein test to the right side. Medications included Hydrocodone, Naproxen, Diclofenac cream, Ketamine cream, and Venlafaxine. The treatment plan noted the physician's recommendation to continue a home exercise program and acupuncture. The rationale and the request for authorization form were not provided within the medical records received.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diclofenac 1.5% cream, 60 grams: Upheld

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

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

Decision rationale: The injured worker had complaints of an increase in chronic neck pain radiating down her right upper extremity. The California MTUS guidelines indicate topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. There is a lack of documentation indicating the injured worker has a diagnosis of osteoarthritis and tendinitis to a joint that is amenable to topical treatment. There is no indication that the injured worker has not responded to first line treatments including antidepressants and anticonvulsants. Furthermore, the injured worker had complaints of neck pain that radiated into the right upper extremity; however, the guidelines note there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine. Additionally, the request as submitted did not specify a frequency of use nor did it specify the site of application. As such, the request for Diclofenac 1.5% cream, 60 grams, is not medically necessary or appropriate.

Ketamine 5% cream, 60 grams: Upheld

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

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

Decision rationale: The injured worker had complaints of an increase in chronic neck pain radiating down her right upper extremity. The California MTUS guidelines indicate topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Ketamine is still under study and is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia. There is no indication that the injured worker has not responded to first line treatments including antidepressants and anticonvulsants. Guidelines indicate topical Ketamine only for the treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. There is a lack of documentation the injured worker has neuropathic pain, CRPS, or post-herpetic neuralgia. Additionally, the request as submitted did not specify a frequency of use nor did it specify the site of application. As such, the request for Ketamine 5% cream, 60 grams, is not medically necessary or appropriate.

