

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 12/10/2013

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Date of UR Decision:

7/19/2013

Date of Injury:

8/13/2009

IMR Application Received:

8/19/2013

MAXIMUS Case Number:

CM13-0013476

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Ketamine-Gabapentin 10 percent and 6 percent** is not medically necessary and appropriate.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/19/2013 disputing the Utilization Review Denial dated 7/19/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/1/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Ketamine-Gabapentin 10 percent and 6 percent is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Expert Reviewer who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The patient is a 64-year-old male who reported injury on 08/13/2009 with an unknown mechanism of injury. The patient's most recent physical exam indicated the patient had numbness in the arch area of his foot. The diagnosis was not provided. The treatment requested was Ketamine/Gabapentin 10 percent and 6 percent.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Treatment Utilization Schedule (MTUS)
- Medical Records from:
 - Claims Administrator
 - Employee/Employee Representative
 - Provider

1) Regarding the request for Ketamine-Gabapentin 10 percent and 6 percent :

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pg.111-113, which is part of the MTUS.

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines recommends Topical Analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Per the MTUS Guidelines, any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Gabapentin and Ketamine are not recommended. The medical records provided for review indicates that the employee had numbness in the area of the thigh and some nerve issue in the foot. It was documented in the medical records that the employee had been using Ketamine/Neurontin for approximately two weeks, due to the short period of usage it was difficult to determine if this was going to be helpful. The medical records reflects on 08/13/2013, that the employee was status quo. The clinical documentation submitted for review did not show the necessity and the efficacy of the medication. Additionally, it did not provide exceptional factors to warrant non-adherence to guideline recommendations. **The request for Ketamine/Gabapentin 10 percent and 6 percent is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.