

Case Number:	CM13-0023245		
Date Assigned:	11/15/2013	Date of Injury:	08/04/2009
Decision Date:	01/10/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology has a subspecialty in Pain 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 physician 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 patient is a 45 year old female who reported an injury on 08/04/2009 when she slipped and fell. She received conservative care for low back pain to include physical therapy and chiropractic care. The patient continued to have low back complaints so MRI was done and found a 2mm paracentral disc protrusion at L5-S1 with contact of the S1 nerve root and possible pars defect. She also received an EMG on 03/29/2010 which found no abnormalities. The patient subsequently received epidural steroid injections, amount and locations not specified, with reported benefit. She also received an unknown length of acupuncture which also provided benefit of up to two and a half months. She was made permanent and stationary but continued to work part time with restrictions. Her low back pain did not resolve and she was placed on a medication program with reported benefit as well as a functional improvement program which the patient reported as being very pleased with the outcome. The last available clinic note on 06/17/2013 with a VAS pain scale rated the patient's pain levels at a 1-2/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retrospective) Ketamine 5% cream 60gm 2 refills: Upheld

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

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

Decision rationale: California MTUS Guidelines state that topical Ketamine is only recommended for neuropathic pain if all primary and secondary treatment has been exhausted, to include antidepressants and anticonvulsants. There were numerous clinical notes that stated the patient was reporting pain relief and increased function from the current medication regime. The most recent note dated 09/16/2013, stated that the patient was very pleased with the outcome of the prescribed functional program and that she had learned to manage her pain with medication, stretching, and exercises. She reported using the medications less frequently and was tolerating them without side effects. There was no quantitative documentation to support these claims. Clinical note dated 06/17/2013 stated that the patient is using very little medication, had a VAS pain score of 1-2/10, and reported an improvement in overall pain levels and function with the use of the medications. The clinical note dated 05/20/2013 reported that the patient's pain is tolerable at 2/10 on the VAS scale. It also stated that medications do seem to improve her pain and function. On 04/22/2013 the patient again reported a decrease in pain levels with a score of 3/10 on the VAS scale. She mentioned at this visit that she was having some difficulty performing activities of daily living. On 03/04/2013 she reported that the Topamax was decreasing her neuropathic symptoms despite taking only half a tab secondary to GI side effects. Clinical notes dated 12/17/2012 and 01/28/2013 stated that the patient reported improvement in her radiating pain and muscle tension from acupuncture, up to two and a half months after 12 sessions. The note dated 12/17/2013 also stated that the epidural steroid injections were beneficial but the SI injection was not. In referencing all of the above documentation, the patient's pain is reported to be manageable, stable, and overall decreased by the current medication regime. Since there is no evidence that these primary and secondary treatments have not failed, the request for the Ketamine 5% cream is non-certified.