

Case Number:	CM13-0025026		
Date Assigned:	11/20/2013	Date of Injury:	11/28/2001
Decision Date:	01/08/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/16/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 44 year old female with a date of injury on 11/28/2001. The progress report dated 7/8/13 by [REDACTED] noted that the patient continued to experience right shoulder and right knee pain. The patient's diagnoses include: pain in joint lower leg; pain in joint shoulder; adhesive capsulitis of shoulder status post right shoulder arthroscopy internal derangement right knee. The patient reports that she uses that ketamine cream 3 times a day on the right shoulder and the right knee which helps with her pain so that she does not have to rely on the oral medications as much. She is able to walk for about 10-15 minutes longer with use of the cream. The appeal letter dated 7/15/13 by [REDACTED] noted that the patient had weakness of the right rotator cuff muscles, positive drop arm test, positive impingement sign, and right AC joint tenderness. [REDACTED] opined that this demonstrated signs of neuropathic pain. It was noted that the patient had failed several forms of conservative therapy including oral medications, PT, steroid injections, HEP, and acupuncture. &ç

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro request: Ketamine 5% cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113.

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

Decision rationale: MTUS Chronic Pain Guidelines state that topical Ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. MTUS Chronic Pain Guidelines state on page 3 that Neuropathic pain is characterized by symptoms such as lancinating, electric shock-like, paroxysmal, tingling, numbing, and burning sensations that are distinct from nociceptive pain. Medical records provided for review indicate that the patient had weakness of the right rotator cuff muscles, positive drop arm test, positive impingement sign, and right AC joint tenderness. The provider opined that this demonstrated signs of neuropathic pain. It appears that the patient does experience some benefit from the requested topical cream. However, use of the topical cream in this case is not supported by MTUS Chronic Pain Guidelines. The request for retro: Ketamine 5% cream is not medically necessary and appropriate.