

Case Number:	CM13-0030562		
Date Assigned:	11/27/2013	Date of Injury:	09/07/2012
Decision Date:	01/21/2014	UR Denial Date:	09/21/2013
Priority:	Standard	Application Received:	09/30/2013

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 Internal Medicine, has a subspecialty in Pulmonary Disease, 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 61-year-old female who reported injury on 09/07/2012 with an unstated mechanism of injury. The patient was noted to complain of intermittent neck pain and low back pain. The patient was noted to have decreased range of motion with mild paraspinal spasms and tenderness of the lumbar spine. The patient's diagnoses were noted to include cervical spine herniated nucleus pulposus at C4-5 and C5-6 with right upper extremity radiculopathy and thoracic spine, right shoulder, and lumbar spine musculoligamentous sprain/strain. The request was made for 1 retrospective prescription for 120 g ketamine/ketoprofen 10/20% between 08/20/2013 and 08/20/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine/Ketoprofen 10/20%, 120gm: 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): 111-113.

Decision rationale: California MTUS indicates Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety....Any compounded

product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of Ketoprofen: This agent is not currently FDA approved for a topical application. The compound also included topical Ketamine which is under study and is only recommended in treatment of neuropathic pain which is refractory to all primary and secondary treatment. The guidelines do not recommend Ketoprofen and as such the use of the compound would not be supported. Regarding Ketamine, there was a lack of documentation indicating that the patient had neuropathic pain that was refractory to both primary and secondary treatments. The clinical documentation submitted for review indicated the patient had intermittent low back pain rated 6/10 and neck pain rated 7/10. The physical examination of the cervical spine revealed the patient had decreased range of motion and examination of the right shoulder revealed the patient had decreased range of motion. While it was noted the patient had pain, the clinical documentation submitted for review failed to provide the patient had neuropathic pain that was refractory to both primary and secondary treatments. Given the above and the lack of documentation, the request for retrospective prescription for 120 g ketamine/ketoprofen 10/20% between 08/20/2013 and 08/20/2013 is not medically necessary.