

Case Number:	CM13-0038790		
Date Assigned:	12/18/2013	Date of Injury:	07/16/2009
Decision Date:	02/06/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/02/2013

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 Pain Management, has a subspecialty in Disability Evaluation 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:

According to medical records provided for review, the patient is 53 years old male with stated date of injury of 7/16/2009. Mechanism of injury is not stated. In the most recent medical report dated March 19, 2013, the treating physician stated that the patient continues to have low back and left lower extremity pain. The treating physician also noted that the continues to get some pain relief from the last lumbar epidural steroid injection done on 01/15/2013. The treating physician noted the patient has started PT and has had 3 sessions. He notes that PT helps with strengthening. He has been learning core strengthening exercises and continues doing them at home. He also uses the PT band at home with benefit. He also gets TENS therapy at PT with some benefit. Objective findings: The patient shows no signs of malnourishment, obesity, deformity, poor dentition or poor hygiene. He is not poorly groomed, disheveled, does not have multiple tattoos, or multiple piercings, and is not malodorous. EMG performed by [REDACTED] on 1/15/10 CONCLUSIONS: 1. This is an abnormal study. 2. There is electrodiagnostic evidence of a chronic Left S1 radiculopathy. 3. There is no evidence of plexopathy, or polyneuropathy. Lumbosacral MRI dated 8/17/09 read by [REDACTED]: 1. Posterior midline bulging L4-5 disc. 2. Status post left L5 laminotomy. Current Medications: .. (1) Naproxen-anaprox Ds 550mg # 90 sig one twice daily (2) Gabapentin-neurontin 600mg # 90 sig: Follow titration chart up to 1 tab po tid .. -(3) Tizanidine-zanaflex 4mg # 90 (ms) sIG: 1 po tid prn (4) Viagra 50 Mg Tablet-SIG: Take 1 tablet30 min prior to sexual activity (5) Ketamine 5% Cream 60gr SIG: Apply to affected area three times a day (6) Pantopazole-protonix 20mg # 60 SIG: Take 1-2 daily Stomach/estomago (7) Ryzolt Er 200 Mg Tablet SIG: 1 tablet per day for PAIN At issue is whether the request for Ketamine 5% Cream 60gr is medically necessary

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ketamine 5% cream 60gr, DOS 8/16/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 56, and 111-113.

Decision rationale: According to Chronic Pain Medical Treatment Guidelines (MTUS (Effective July 18, 2009) page 56 of 127, Ketamine is not recommended for treatment of chronic pain since there is insufficient evidence supporting its use. There are no quality studies that support the use of ketamine for chronic pain, but it is under study for CRPS. (Goldberg2, 2005) (Grant, 1981) (Rabben, 1999) Ketamine is an anesthetic in animals and humans, and also a drug of abuse in humans, but ketamine may offer a promising therapeutic option in the treatment of appropriately selected patients with intractable CRPS. More study is needed to further establish the safety and efficacy of this drug. (Correll, 2004) One very small study concluded that ketamine showed a significant analgesic effect on peripheral neuropathic pain, but the clinical usefulness is limited by disturbing side effects. Another study by the same author with a sample size too small for ODG (10) concluded that ketamine showed a significant analgesic effect in patients with neuropathic pain after spinal cord injury, but ketamine was associated with frequent side effects. (Kvarnström, 2003-4). Therefore the prescription of Ketamine 5% cream is not medically necessary. Also in page 111 to 113, of the MTUS Guidelines, states "Topical Ketamine: Under study: 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 and both have shown encouraging results. The exact mechanism of action remains undetermined. (Gammaitoni, 2000) (Lynch, 2005) See also Glucosamine (and Chondroitin Sulfate)". There is no documentation that this patient has a refractory neuropathic pain or has exhausted all primary and secondary treatment options, therefore the request for Ketamine Gel 5% is not medically necessary.