

Case Number:	CM13-0044026		
Date Assigned:	12/27/2013	Date of Injury:	10/26/2009
Decision Date:	02/21/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/25/2013

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 Neurology and is licensed to practice in Florida. 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:

9/19/13 evaluation by [REDACTED] reported orthopedic consultation with the claimant doing worse, with increasing pain and grinding of the left knee. Examination reported global tenderness about the left knee. He opined a diagnosis of progressive degenerative arthritis of the right knee. 9/4/13 note of [REDACTED] indicated right knee pain and left ankle pain. His assessment was that the claimant was status post left knee arthroscopy with failed surgery. He had right knee overload and was status post left ankle open reduction internal fixation, three years ago. The physician recommended Theramine, and KDIL topical cream (Ketamine, Diclofenac, Indomethacin, Lidocaine).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Theramine #60, 2 bottles: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, Medical Food and Section 5(b) of the Orphan Drug Act (21 U.s.c.360ee (b) (3))

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Section 5(b) of the Orphan Drug Act

Decision rationale: The medical records provided for review do not demonstrate that Theramine is intended for specific dietary management of meeting nutritional requirements or a specific medical disorder or disease

1 prescription of KDIL (Ketamine 10%, Diclofenac 6%, Indomethacin 6%, LIdocaine 5%), 240gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May, 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guideline Page(s): 111-112.

Decision rationale: The medical records provided for review do not detail a demonstrated intolerance to oral NSAIDS. The use of topical ketamine or compounded cream with ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted