

Case Number:	CM13-0049967		
Date Assigned:	12/27/2013	Date of Injury:	12/27/2003
Decision Date:	03/14/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/08/2013

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 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:

This is a 52-year-old female who sustained injury on 12/27/2003 to her neck. A note dated 08/15/2013 by [REDACTED] indicates she presented with complaint with the use of her medication and requested a refill. Lumbar MRI dated 07/31/13 showed degenerative changes at L5-S1, disc bulges at L4-5 and L5-S1, and severe facet arthropathy at L4-5. Cervical MRI showed mild multilevel degenerative disc disease and left paracentral disc osteophyte complex impresses itself on the ventral aspect of the cord at C6-7. Her medication list includes Capsaicin 0.075% cream, Naproxen sodium-anaprox 550 mg #90, Gabapentin 600 mg, Ketamine 5% cream 60 gr, Zaleplon 5 mg, Hydrocodone/APAP 10/325 mg #30 ms, Synthroid 175 mcg, and Percocet 5/325 mg. She was presented Ketamine 5% cream 60 gr to apply to affected area 3x a day. A note dated 10/29/2013 by [REDACTED] indicates that she had re-injury on 04/23/2008 when she was involved in MVA. She complained of pain in her neck, shoulder, back and upper and lower extremities. Her treatment history includes medications, physical therapy, cervical and lumbar injections, right shoulder surgery, cervical fusion, and bone growth stimulator. On physical examination, there was no difficulty in ambulation. On lumbar spine exam, lumbar extension was 10, lumbar flexion 40, and bilateral lateral bending 15. Sensation was decreased in right L4 and L5 nerve roots. SLR was positive on right. Spasm and guarding is noted. Motor strength was 5/5 in lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 5% cream 60gr: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 55-56.

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

Decision rationale: This patient continues to have persistent neck and back pain associated with numbness and tingling in arms and legs. She has evidence of degenerative changes with mild facet arthropathy and neural foraminal narrowing on MRI. Objectively, she has decreased sensation in right L4 and L5 nerve roots and positive right SLR. She has tried and failed physical therapy, injections and oral medications. As per the CA MTUS guidelines as referenced, it is "recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted." Therefore, the request for Ketamine 5% cream is certified.