

Case Number:	CM13-0055305		
Date Assigned:	12/30/2013	Date of Injury:	03/17/2008
Decision Date:	10/31/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation 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 expert 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 the records made available for review, this is a 58-year-old female with a 3/17/08 date of injury. At the time (10/7/13) of request for authorization for Ketamine 5% cream 60 gr #1, there is documentation of subjective (neck pain, low back pain, wrist/hand pain with numbness secondary to carpal tunnel syndrome, and right knee pain) and objective (right knee joint line tenderness and tenderness over the patellar tendon, antalgic gait, decreased sensation along the median nerve distribution, and decreased strength of the muscles of the hands) findings, current diagnoses (cervical spondylosis without myelopathy, lumbosacral spondylosis, sciatica, cervical spinal stenosis, pain in knee joint, and lumbago), and treatment to date (ongoing therapy with Ketamine cream, NSAIDs, Gabapentin, opioids, and Zanaflex with improvement in pain and function). There is no documentation that all primary and secondary options have been exhausted.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETAMINE 5% CREAM 60 GR #1: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment guidelines identifies documentation of neuropathic pain when all primary and secondary options have been exhausted, as criteria necessary to support the medical necessity of topical Ketamine. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical spondylosis without myelopathy, lumbosacral spondylosis, sciatica, cervical spinal stenosis, pain in knee joint, and lumbago. In addition, there is documentation of neuropathic pain. Furthermore, given documentation of ongoing treatment with Ketamine cream with improvement in pain and function, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Ketamine cream. However, given documentation of ongoing treatment with medications (including NSAIDs, Gabapentin, opioids, and Zanaflex) resulting in improvement in pain and function, there is no (clear) documentation that all primary and secondary options have been exhausted. Therefore, based on guidelines and a review of the evidence, the request for Ketamine 5% cream 60 GR #1 is not medically necessary.