MAXIMUS Federal Services

Case Number:	CM14-0000695		
Date Assigned:	01/17/2014	Date of Injury:	02/28/2013
Decision Date:	06/20/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/02/2014

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 and 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:

The patient is a 34 year old male who was injured on 02/28/2013 he was standing on an eight foot ladder testing a gas pipe when the ladder supports collapsed causing him to fall backwards to the ground. He landed on a standing position with a great deal of force and he then fell down on his buttocks. As a result, he developed pain in his low back. Prior treatment history has included 2 sessions of physical therapy, cortisone injection, and the following medications: Relafen, Omeprazole 20 mg, Flexeril 10 mg, Tramadol 50 mg, Naprosyn 550 mg, and Lidoderm patches. PR-2 dated 11/04/2013 documented the patient with complaints of neck pain rated as 10/10, bilateral shoulder pain rated as 10/10 and low back pain rated at 10/10, which radiates to bilateral legs. The patient complains of increasing pain on the left knee due to prolonged standing. Objective findings on examination of the cervical spine reveal the patient has loss of cervical spine curvature with hypertonic of the bilateral upper extremities. Ranges of motion are limited by pain and spasm upon flexion, extension, right rotation, left rotation, right lateral flexion and left lateral flexion. Examination of the shoulders reveals impingement test and empty-can supraspinatus tests are positive bilaterally. Examination of the lumbar spine reveals range of motion limited by pain and spasm upon extension as well as pain upon flexion, right lateral extension and left lateral flexion. Range of motion flexion is 28 degrees, extension 0 degrees, lateral flexion 25 degrees on right and lateral flexion 25 degrees on left. Kemp's and straight leg raising tests are positive bilaterally. Examination of the knee reveals there is tenderness to palpation over the medial and lateral joint line. Flexion is 115 degrees on the right and 75 degrees to the left and extension is 0 degrees bilaterally. McMurray's test is positive of the left knee. Lower extremity motor strength is 4/5 in all muscle groups. Formal Authorization Request: Refilled medications such as omeprazole, Flexeril, Tramadol and Naprosyn, Lidoderm patches, and Topical creams. UR report dated 12/09/2013 denied the request for Topical

Ketamine Gel because current evidenced based guidelines state that the use of Ketamine is an understudy as it is largely experimental and there is little to no research to support the use. Furthermore, there are no quality studies that support the use of Ketamine for chronic pain. The continued use of Ketamine would not be appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPICAL KETAMINE GEL: 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: randomized controlled trials to determine efficacy or safety. Primarily it is recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further guidelines indicate that topical Ketamine is under study and only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. In this case, there is no documentation of trial and failure of antidepressants and anticonvulsants medications. Topical Ketamine has only been studied for use in non-controlled studies for CRPS and post-herpetic neuralgia. Thus, the medical necessity has not been established and the request is not medically necessary.