MAXIMUS Federal Services

Case Number:	CM14-0109130		
Date Assigned:	08/01/2014	Date of Injury:	05/18/2010
Decision Date:	10/23/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/14/2014

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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 injured worker is a 44-year-old female who reported injury on 05/18/2010. The mechanism of injury was not provided. Prior therapies included a Functional Restoration Program and massage therapy, as well as medications and bracing. The injured worker was noted to previously have had 2 left knee surgeries. The injured worker's medications were noted to include Butrans 20 mcg per hour patch, Ketamine 5% cream 60 g applied to affected area 3 times a day, Mirtazapine 15 mg #30, Pantoprazole 20 mg #60, Albuterol Sulfate 4 mg tablets, Metformin Hydrochloride ER 500 mg tablets, Dulera 100 mcg/5 mcg inhaler and Wellbutrin XL 300 mg tablets. The physician documented the injured worker underwent an EMG/NCV which revealed the injured worker had severe carpal tunnel on the left and moderate to severe carpal tunnel on the right. The injured worker was utilizing ketamine topical since at least 01/2014. The documentation of 06/06/2014 revealed the injured worker had chronic left knee, back, shoulder and bilateral upper extremity pain. The injured worker had 2 sessions of massage therapy left. The injured worker indicated that massage decreased her pain for 2 full days. The injured worker was utilizing her back and neck brace and left knee brace. The injured worker had complaints of pain in the neck. The objective findings revealed the injured worker used a wheeled walker for ambulation. The treatment plan included Ketamine 5% cream 60 g, applied to affected area 3 times a day; Mirtazapine 15 mg #30, one at bedtime; and Pantoprazole 1 tablet twice a day for the stomach. The diagnoses included sciatica; sprain and strain of the lumbar region and neck; pain in the joint, shoulder; and carpal tunnel syndrome. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 5 % Cream 60 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111,113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Ketamine

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

Decision rationale: The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety... are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Ketamine is under study and is only recommended in treatment of neuropathic pain which is refractory to all primary and secondary treatment. The clinical documentation submitted for review failed to indicate the injured worker's neuropathic pain was refractory to all primary and secondary treatments. There was a lack of documentation indicating a trial and failure of antidepressants and anticonvulsants. The documentation indicated the injured worker had utilized the medication for at least 5 months. There was a lack of documented objective functional benefit and documentation of an objective decrease in pain the request, as submitted, failed to indicate the frequency for the requested medication and the body part to be treated. Given the above, the request for ketamine 5% cream 60 g is not medically necessary.