

Case Number:	CM14-0010424		
Date Assigned:	02/21/2014	Date of Injury:	01/12/2008
Decision Date:	06/26/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/27/2014

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 Neurological Surgery, 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 claimant is a 40-year-old male who was injured on January 12, 2008. The letter of appeal for the request topical Ketamine is dated January 6, 2014. Indicates that the claimant has a history of low back injury after a fall from approximately 12-14 feet. The claimant has a continued complaints of chronic headaches, vertigo, gait disturbance, visual acuity changes, neck pain, low back pain with radiation to both lower extremities. Previous conservative treatment options include opiates, antihistamines, topical creams, and antidepressants. Physical therapy and acupuncture been attempted, but no relief was received. The previous physical examination documents diminished cervical range of motion with tenderness palpation along the cervical facets. The clinician references the ODG, but does not address the MTUS. The utilization review in question was rendered on January 2, 2014. The reviewer noncertified the request for topical Ketamine. The reviewer indicates that the claimants pain was documented as being controlled on November 4, 2013 note and opioid doses continue to escalate despite continued use of the topical Ketamine.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE KETAMINE 5% 60GM DATE OF SERVICE 9/24/2013: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Chapter: Topical Analge.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Ketamine, Page(s): 56; 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), and Food and Drug Administration (FDA).

Decision rationale: As noted on page 56 and 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Further, CA MTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. Ketamine has not been approved for transdermal use. Therefore this compound cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.