

Case Number:	CM14-0120060		
Date Assigned:	08/06/2014	Date of Injury:	06/06/2006
Decision Date:	09/22/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/30/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 70-year-old male with a 6/6/06 date of injury. At the time (5/7/14) of request for authorization for Topical compound including Ketamine powder and Versapro cream 120gm, there is documentation of subjective (low back pain, right leg cramping and some pain in right anterior thigh and posterior calf, using ketamine cream over left lateral calf and this helps more for burning pain than prior usage of Diclofenac cream) and objective (antalgic gait, use of cane, sensation decreased in L4, left L5 and S1, straight leg raise positive on left, tenderness to palpation over lower lumbar paraspinal muscles from L3 though L5, and muscle spasms noted in left lower lumbar paraspinal muscles) findings, current diagnoses (lumbar disc displacement without myelopathy, sciatica, depression, and sacrum disorders), and treatment to date (physical therapy, lumbar epidural steroid injection, and medications (including Norco, Valium, Fentanyl patch, Norflex, and Ketamine cream). 8/22/14 medical report identifies patient is using ketamine for neuropathic pain, has adequate pain relief and functional improvement with this medication, it prevents escalation of his current oral medications, and patient has failed topical Diclofenac, Tizanidine, and methadone. There is no (clear) 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:

Topical compound including Ketamine powder and Versapro cream 120gm: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment guidelines state, "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 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 lumbar disc displacement without myelopathy, sciatica, depression, and sacrum disorders." In addition, there is documentation of neuropathic pain and patient has failed topical Diclofenac, Tizanidine, and Methadone. Furthermore, given documentation of adequate pain relief and functional improvement with Ketamine cream, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Ketamine cream use to date. However, given documentation of ongoing treatment with Norco with improved 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 Topical compound including Ketamine powder and Versapro cream 120gm is not medically necessary.