

Case Number:	CM14-0161456		
Date Assigned:	10/06/2014	Date of Injury:	09/30/2011
Decision Date:	11/20/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/01/2014

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 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:

The injured worker is a 57 year old male with a date of injury on 9/30/2011. Magnetic resonance imaging (MRI) of the cervical spine without contrast dated 2/20/2014 demonstrated (a) broad-based irregular disc bulge at C5-C6. Along with hypertrophic change, there is moderately-severe central canal stenosis; (b) multilevel neural foraminal narrowings related to hypertrophic and degenerative changes. This does appear severe on the left at C6-C7; and (c) minimal retrolisthesis of C6 on C7. He underwent electromyography/nerve conduction velocity (EMG/NCV) on 6/16/2014 and results demonstrated (a) abnormal electrodiagnostic study [electromyography/nerve conduction velocity EMG/NCV] of the bilateral upper extremities; (b) bilateral median sensory and motor neuropathy - bilateral moderate carpal tunnel syndrome; (c) bilateral ulnar sensory mononeuropathy at the elbow; (d) no myopathy, no peripheral neuropathy; and no cervical radiculopathy. Most recent records dated 8/27/2014 documents that injured worker made a follow-up visit of low back and right shoulder pain. He denied acute changes in his lower back since his last visit and he continued to have right shoulder pain with occasional radicular symptoms into his right arm. He continued to note stiffness greater than pain in his lower back with radicular symptoms that radiate into his posterior right leg, stopping at his knee. He rated his back pain as 3/10 on visual analog scale (VAS) scale. With regard to his shoulder pain and cervical brachial pain, he was unable to rotate his neck fully to the right side otherwise he has full range of motion. He continued to do his full time work but this exacerbates his lower back pain. Objectively, he is noted to have antalgic gait. Lumbar range of motion was limited with spasms and guarding noted. He is diagnosed with (a) lumbar disc displacement without myelopathy and (b) sciatica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 5% cream, 60gr #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine, Topical Analgesics Page(s): 56, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine; Topical Analgesics Page(s): 56; 111.

Decision rationale: Evidence-based guidelines indicate that Ketamine is not recommended as there is insufficient evidence to support the use of Ketamine for the treatment of chronic pain. There are no quality studies that support the use of this medication for chronic pain however it is understudy for complex regional pain syndrome (CRPS). Guidelines further indicate that this medication is also understudy and is currently only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatments has been exhausted. In this case, although the injured worker is diagnosed with complex regional pain syndrome (CRPS) it is not clear which type he is currently exhibiting. Secondly, there is no evidence that all primary, secondary treatments and even other topical forms of medications have been tried and exhausted prior to the utilization of this powerful medication. Based on these reasons and there is insufficient support by evidence-based guidelines, the medical necessity of the requested Ketamine 5% cream 60 grams #1 is not established.