

Case Number:	CM14-0178696		
Date Assigned:	11/03/2014	Date of Injury:	02/28/2001
Decision Date:	12/12/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/28/2014

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 28, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; opioid therapy; electrodiagnostic testing of May 24, 2005, apparently demonstrating chronic L5 radiculopathy; and epidural steroid injection therapy. In a Utilization Review Report dated October 9, 2014, the claims administrator failed to approve a request for a topical compounded drug. The applicant's attorney subsequently appealed. The drug in question was apparently dispensed on August 11, 2014. In a June 13, 2014 appeal letter, the applicant apparently presented with ongoing complaints of low back pain. The attending provider sought authorization for epidural steroid injection therapy. In an August 11, 2014 progress note, the applicant presented reporting ongoing complaints of low back pain radiating into the left leg. The applicant was still smoking. The applicant was using oral morphine sulfate controlled release and Lidocaine patches, along with a topical compounded ketamine-containing cream at issue. Permanent work restrictions were renewed. Both the ketamine-containing compound and morphine were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Ketamine 5% cream 60 grams #1 dispensed on 8/11/2014:

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 Ketamine Page(s): 113.

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, topical ketamine is deemed "under study," and recommended only for neuropathic pain in refractory cases in which all primary and secondary treatments have been exhausted. Here, however, the applicant's ongoing usage of first-line oral pharmaceuticals, including morphine, effectively obviates the need for the Ketamine-containing topical compound at issue and argues against the proposition that all primary and secondary treatments have, in fact, been exhausted. Therefore, the request was not medically necessary.