

Case Number:	CM14-0183615		
Date Assigned:	11/10/2014	Date of Injury:	02/01/2006
Decision Date:	12/16/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/04/2014

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:

This is a 68-year-old male with a 2/1/06 date of injury. The mechanism of injury occurred when he was installing playground equipment. According to a progress report dated 10/20/14, the patient was seen for a recheck of his lumbar pain. He recently had a consultation with a neurosurgeon who recommended surgery, but the patient did not wish to do that. Objective findings: no tenderness to palpation of lumbosacral spine, limited range of motion with pain. Diagnostic impression: lumbar pain with radiation down left leg, chronic lumbar pain. Treatment to date: medication management, activity modification. A UR decision dated 10/21/14 denied the request for ketamine cream. The peer-reviewed evidence based medical literature does not indicate the efficacy of topical preparations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 5% cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Topical Analgesics Page(s): 113.

Decision rationale: CA MTUS states that topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia and both have shown encouraging results. The exact mechanism of action remains undetermined. Ketamine is considered under study and to be used only in cases of refractory neuropathic pain in which all primary and secondary treatments have been exhausted. However, in the present case, there is no clear evidence that the patient has tried and failed oral analgesics for his pain. There is no documentation that he cannot tolerate oral medications to establish the medical necessity for this topical agent. Therefore, the request for Ketamine 5% cream is not medically necessary.