MAXIMUS Federal Services

Case Number:	CM14-0185702		
Date Assigned:	11/13/2014	Date of Injury:	02/01/2006
Decision Date:	12/19/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/07/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 68 year old male with an injury date on 02/01/2006. Based on the 09/16/2014 progress report provided by the treating physician, the diagnoses are:1. Herniated lumbar disc2. Lumbar disc disease.3. Chronic vertebral compression fracture.4. Spinal stenosis at L2-L3.According to this report, the patient complains of low back pain. Treater mentions "patient's pain level is 8/10 and located in the lower mid back a little to the left side with radiating pain down the left leg, inside and out. To relieve his pain, he takes medications as well as rests." Exam findings show "Positive numbness left leg with intermittent tingling into the left leg." There were no other significant findings noted on this report. The utilization review denied the request on 10/21/2014. The requesting provider provided treatment reports from 03/10/2014 to 10/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

pharmacy purchase of Ketamine 5% cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Ketamine.

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

Decision rationale: According to the 09/16/2014 report, this patient presents with low back pain with numbness radiating down the left leg. The current request is for pharmacy purchase of Ketamine 5% cream. MTUS guidelines, pages 111-113, consider topical analgesics largely experimental in use and recommends its use for neuropathic pain when trials of anti-depressants and anti-convulsion have failed; applied locally to painful areas. MTUS also states "Ketamine: Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted." Review of records show that the treating physician has refilled the patient's Norco and discontinues Gabapentin with no specific rationale for the discontinuance. The request is to have this patient purchase Ketamine cream and to "start pain cream." Per the 08/05/2014 treating physician report, this patient has "intermittent tingling and pain in the left anterior thigh." In this case, the patient has been described with lower extremity pain, there is no diagnosis of neuropathy, there is no documentation of diagnostic testing showing that the patient has neuropathy and the patient's previous prescription for Gabapentin has been discontinued. The treating physician does not state that primary and secondary treatments of neuropathic pain have been exhausted and there is lack of documentation to clearly indicate that the patient is suffering from neuropathic pain. The requested treatment is not medically necessary and appropriate.