

Case Number:	CM14-0022473		
Date Assigned:	05/12/2014	Date of Injury:	02/03/2010
Decision Date:	12/23/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/22/2014

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 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:

This is a male patient with the date of injury of February 3, 2010. A Utilization Review dated January 23, 2014 recommended non-certification of Ketamine 5% cream 60 gm QTY: 1.00. A Visit Note dated January 10, 2014 identifies Subjective Complaints of chronic left lower extremity pain. Objective Findings identify gait was antalgic. Diagnoses identify pain in joint ankle foot, pain in joint lower leg, pain in thoracic spine, and unspecified major depression, recurrent episode. Treatment Plan identifies 1 Ketamine 5% cream 60 gr.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 5% cream 60 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: Regarding the request for topical Ketamine, Chronic Pain Medical Treatment Guidelines state that Ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Within the documentation available for review, there is no indication of neuropathic pain in refractory cases

in which all primary and secondary treatment has been exhausted. In the absence of such documentation, the currently requested topical Ketamine is not medically necessary.