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| Case Number: | CM14-0024032 | | |
| Date Assigned: | 05/12/2014 | Date of Injury: | 09/01/2003 |
| Decision Date: | 07/10/2014 | UR Denial Date: | 02/11/2014 |
| Priority: | Standard | Application Received: | 02/24/2014 |

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 pain syndrome reportedly associated with an industrial injury of September 1, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier lumbar laminectomy; sleep aid; and unspecified amounts of chiropractic manipulative therapy and physical therapy over the life of the claim. In a Utilization Review Report dated February 11, 2014, the claims administrator denied a request for a Ketamine containing topical cream. In a progress note dated October 30, 2013, the applicant presented with persistent low back pain with radiation of pain to the lower extremities. The applicant was apparently on Effexor, Flexeril, Skelaxin, and Advil as of that point in time, it was stated. The applicant was placed off of work, on total temporary disability. Additional manipulative treatment was performed. On January 7, 2014, the applicant was again described as reporting persistent complaints of low back pain. Flexion and extension view of the lumbar spine were sought. The applicant was given Ambien for sleep. It was stated that a polysomnogram was negative. The applicant was described as having derivative complaints of depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETAMINE HYDROCHLORIDE 100% PA #100 WITH 1 REFILL QTY: 200.00: Upheld

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

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

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Ketamine is deemed "under study," to be employed only in the treatment of neuropathic pain in refractory cases in which all primary and secondary treatments have been exhausted. In this case, however, there was no evidence that all primary and secondary treatments have been exhausted before the Ketamine gel in question was endorsed. The attending provider did not seemingly allude to introduction of Ketamine in any recent progress note provided. The applicant was described as using a variety of other medications, including Skelaxin, Flexeril, Effexor, and Advil. It was not clearly stated that these medications had been failed before Ketamine was considered. Therefore, the request is not medically necessary.