

Case Number:	CM14-0028285		
Date Assigned:	04/07/2014	Date of Injury:	07/14/2003
Decision Date:	05/27/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/15/2014

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 patient is a [REDACTED] employee who has filed a claim for neck and upper extremity chronic pain symptoms and bilateral carpal tunnel syndrome associated with an industry injury of July 14, 2003. Thus far, the patient has been treated with TENS, IF, interscalene block, Botox injections, splints, Ambien, Cymbalta, Lidoderm patch, Lyrica, Mobic, Norco, and Ketamine cream. The patient is a candidate for surgery for thoracic outlet syndrome. The patient is currently unable to work. In a utilization review report of December 23, 2013, the claims administrator denied a request for compounded Ketamine/Propylene/PCCA lipo/PCCA VANP as the topical medications have not been adequately proven regarding overall efficacy and safety. A review of progress notes indicates worsening of pain, with constant pain in the thorax radiating to the shoulders, hands, and head. Occasionally, the patient notes difficulty picking up objects. There is cervical and upper extremity tenderness and upper extremity hypersensitivity.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUNDED KETAMINE/PROPYLENE/PCCA LIPO/PCCA VANP DAY SUPPLY: 17, QTY: 100, REFILLS:0: Upheld

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

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

Decision rationale: As noted on page 113 of the MTUS Chronic Pain Guidelines, 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. In this case, patient has been on Ketamine cream since May 21, 2012. There have been notes of non-certification of this medication several times, however, progress notes still show continued use of the medication. There is no clear indication for medical necessity of this medication as patient does not have CRPS or post-herpetic neuralgia. Therefore, the request for a compounded Ketamine cream is not medically necessary and appropriate.