

Case Number:	CM14-0030066		
Date Assigned:	06/20/2014	Date of Injury:	02/17/1997
Decision Date:	08/15/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/10/2014

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 injured worker is a represented [REDACTED] employee who has filed a claim for chronic bilateral knee, low back, and neck pain reportedly associated with an industrial contusion injury of February 17, 1997. Thus far, the injured worker has been treated with the following: Analgesic medications; attorney representation; opioid therapy; adjuvant medications; topical compounds; earlier right knee arthroscopy; and unspecified amounts of physical therapy. In a utilization review report dated February 12, 2014, the claims administrator denied a request for topical Ketamine. The claims administrator noted that the injured worker was using a variety of oral pharmaceuticals. The injured worker's attorney subsequently appealed. In a December 13, 2013 pain management report, the injured worker was described as having persistent complaints of low back pain. The injured worker was using a variety of medications, including Lidoderm, Cymbalta, Celebrex, Oxycodone, Dilaudid, Ambien, Lyrica, Ketamine cream, Loperamide, and Tamoxifen. Home exercises were sought. Ketamine cream was again prescribed. The injured worker's work status was not furnished. In a progress note dated June 4, 2013, the injured worker was described as status post right knee arthroscopy with partial medial and lateral meniscectomies on May 31, 2013. The injured worker was placed off of work, on total temporary disability, and was described as using both Ketamine cream and oral Dilaudid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that topical Ketamine is deemed under study and is only recommended for treatment of neuropathic pain in refractory cases, in which all primary and secondary treatments have been exhausted. In this case, however, the injured worker's ongoing usage of multiple first line oral pharmaceuticals, including Cymbalta, Celebrex, Oxycodone, Dilaudid, Lyrica, etc., effectively eliminates the need for the investigational Ketamine cream. Therefore, the request is not medically necessary.