

Case Number:	CM14-0042367		
Date Assigned:	06/30/2014	Date of Injury:	09/21/2010
Decision Date:	08/18/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/08/2014

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 Anesthesiologist and Pain Medicine and is licensed to practice in Florida. 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 38-year-old female who reported an injury on 09/21/2010. The mechanism of injury was a fall. Her diagnoses include chronic cervical strain with myofascial pain, cervical radiculitis, low back pain with bilateral lumbar radiculitis, and reactive depression. Her previous treatments were noted to include physical therapy, chiropractic treatment, acupuncture, and multiple medications including Ibuprofen, Fluticasone, Omeprazole, and Zolpidem. On 02/12/2014, the injured worker presented with neck and lower back pain, rated 8/10, with radiation from the low back into the lower extremities. It was noted that the injured worker was utilizing Nabumetone which she felt was more helpful than Ibuprofen and wanted to continue its use with Omeprazole to prevent gastrointestinal discomfort. It was also noted that the injured worker reported previously being prescribed a topical cream by another physician who had been helpful and she requested a topical medication for her ongoing lower back and neck pain. The treatment plan at that visit included a prescription for Ketamine 5% cream to be applied to the affected area 3 times a day. A specific rationale and request for authorization form for Ketamine was not provided with the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective ketamine (duration unknow and frequency three times a day) 2/12/2014:
Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, use of topical Ketamine is under study and is only recommended for the treatment of neuropathic pain in cases refractory to all primary and secondary treatments. The clinical information submitted for review indicated that the injured worker does have neuropathic pain, but it was noted that she reported positive relief with use of Nabumetone. As she was noted to have relief from primary medication use, and topical Ketamine is not supported unless all primary and secondary treatment has been exhausted, use is not supported. In addition, the request failed to specify the formulation, quantity, and frequency being requested. Based on the above, the request is not medically necessary.