

Case Number:	CM14-0043406		
Date Assigned:	07/02/2014	Date of Injury:	07/14/2003
Decision Date:	07/31/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/10/2014

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 Anesthesiology 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:

According to the records made available for review, this is a 52-year-old female with a 7/14/03 date of injury. At the time (4/2/14) of request for authorization for compd-ketamine/propylene/Pcca lipo/pcca vanp day supply: 17 qty: 100 refills, there is documentation of subjective (pain rated 7-8/10, constant pain in the thorax that radiates to the shoulders into the hands and up to the head) and objective (diffuse tenderness and hypersensitivity over the neck and upper extremities) findings, current diagnoses (repetitive strain injury upper extremities, myofascial strain scapulothoracic articulations, cervical disc disease at C5-6 with cervical radiculitis, thoracic outlet syndrome, and lumbar spine strain with lumbar radiculitis), and treatment to date (interferential unit and medications (including ketamine cream)). There is no documentation that all primary and secondary options have been exhausted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compd-Ketamine/Propylene/Pcca Lipo/Pcca Vanp day supply: 17 QTY: 100 Refills: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment guidelines identifies documentation of neuropathic pain when all primary and secondary options have been exhausted, as criteria necessary to support the medical necessity of topical ketamine. Within the medical information available for review, there is documentation of diagnoses of repetitive strain injury upper extremities, myofascial strain scapulothoracic articulations, cervical disc disease at C5-6 with cervical radiculitis, thoracic outlet syndrome, and lumbar spine strain with lumbar radiculitis. In addition, there is documentation of neuropathic pain. However, there is no documentation that all primary and secondary options have been exhausted. herefore, based on guidelines and a review of the evidence, the request for cmpd-ketamine/propylene/Pcca lipo/pcca vanp day supply: 17 qty: 100 refills is not medically necessary.