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| Case Number: | CM14-0048870 | | |
| Date Assigned: | 06/25/2014 | Date of Injury: | 07/03/2009 |
| Decision Date: | 07/23/2014 | UR Denial Date: | 03/17/2014 |
| Priority: | Standard | Application Received: | 03/27/2014 |

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 Family Medicine, and is licensed to practice in Utah. 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 43 year-old with a date of injury is 7/3/09. The mechanism of injury was not documented in the records. The patient has been diagnosed with status post amputation of the distal aspect of the right middle finger, right finger neuropathy, trigger finger, psychogenic pain, shoulder pain, complex regional pain syndrome, and neck pain. The visit note of October 22, 2013 states that the patient has right upper extremity pain secondary to complex regional pain syndrome. The patient's treatments have included biofeedback, psychotherapy, acupuncture, a functional restoration program, and medications. Physical exam findings shows pain to palpation in the light touch in the distal right middle finger (3rd digit). There was no contracture in the middle finger noted. There was also tenderness to palpation and spasms noted along the right forearm and upper arm. The patient's medications have included, but are not limited to, Tramadol, Tylenol, Flexeril, Mirtazapine, Ultracet, Protonix, Topamax, and Ketamine cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 5% cream 60 gm.: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine Page(s): 56, 63.

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

Decision rationale: The MTUS guidelines state that Ketamine is not recommended for the treatment of chronic pain. Topical Ketamine is only recommended for the treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. The visit note from October 22, 2013 states that there is right upper extremity pain secondary to complex regional pain syndrome. The patient has a diagnosis of complex regional pain syndrome, and has tried first line and second line medications. As such, the request is medically necessary.