

Case Number:	CM14-0068555		
Date Assigned:	07/14/2014	Date of Injury:	07/02/2013
Decision Date:	09/10/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/13/2014

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 New Jersey. 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 worker is a 43 year old male who was injured on 7/2/2013 involving his knee after slipping. He was diagnosed with knee fracture, knee meniscal tear, and was later treated with surgery (arthroscopic repair, 11/18/13), physical therapy, oral medications (opioids, benzodiazepines), and acupuncture, which helped. On 4/7/14, the worker was seen by his treating physician complaining of right knee pain and swelling, which has been chronic. He reported improvement since his surgery, but still with significant pain. A physical examination revealed right knee no edema, normal strength, normal range of motion, normal sensation and stability, no crepitus, no tenderness, but did reveal a previous fracture deformity and scar from previous surgery. He was then recommended continued acupuncture, physical therapy, and topical ketamine gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETAMINE 10% CREAM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ketamine, Topical analgesics, Ketamine Page(s): p. 56, p. 113.

Decision rationale: The MTUS Chronic Pain Guidelines state that ketamine is generally not recommended as there is insufficient evidence to support its use for the treatment of chronic pain and has been associated with frequent side effects. Topical ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. In the case of this worker, there was not any evidence of his chronic pain being neuropathic. Also, there was not evidence to suggest all other treatments had been attempted and failed. Therefore, the ketamine gel is not medically necessary.