

Case Number:	CM14-0071469		
Date Assigned:	07/16/2014	Date of Injury:	02/19/2011
Decision Date:	09/15/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/16/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 31-year-old female was reportedly injured on February 19, 2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 18, 2014, indicates that the injured employee was following up for a medication refill. Current medications were stated to include Gabapentin, Naproxen, Pantoprazole, Sertraline, and Tramadol/APAP. No physical examination was performed. Diagnostic nerve conduction studies of the lower extremities were normal. A review of a magnetic resonance imaging (MRI) of the lumbar spine revealed L4-L5 para central disc protrusion. Previous treatment is unknown. A request had been made for Ketamine cream and was not certified in the pre-authorization process on April 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICATION: CMPD: KETAMINE 5% CREAM 60 GR- APPLY TO AFFECTED AREA 3X/ DAY QTY: 1.00: Upheld

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

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

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines the only recommended topical analgesic agents are those including anti-inflammatories, Lidocaine, or Capsaicin. There is no peer-reviewed evidence-based medicine to indicate that any other compounded ingredients, particularly ketamine, have any efficacy. For this reason this request for ketamine cream is not medically necessary.