

Case Number:	CM14-0073901		
Date Assigned:	07/16/2014	Date of Injury:	09/06/2012
Decision Date:	09/24/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/21/2014

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 Occupational Medicine, 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:

The patient is a 55-year-old male who has submitted a claim for s/p closed head injury with posttraumatic headache or post concussion syndrome with chronic headache and affective disorder associated with an industrial injury date of September 6, 2012. Medical records from November 6, 2013 up to April 21, 2014 were reviewed showing chronic headache and severe posttraumatic depression. Physical examination revealed right parietal/occipital area soft tissue tenderness. On mental status examination, patient seemed depressed but with appropriate affect, insight, and judgment. Treatment to date has included Norco, Prozac, clonazepam, amitriptyline, Prevacid, Naproxen, and ibuprofen. Utilization review from April 30, 2014 denied the request for Ketamine 10% 120 gm SIG 1-2 pumps 2-4 x daily with 2 refills. The request for ketamine was intended for treatment of chronic headaches. As per guidelines, ketamine is for treatment of neuropathic pain refractory to all primary and secondary treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 10% 120 gm SIG 1-2 pumps 2-4 x daily with 2 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): 111-113.

Decision rationale: According to pages 111-113 of CA MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Ketamine is under study and only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia and both have shown encouraging results. The exact mechanism of action remains undetermined. In this case, the patient began a trial of ketamine compound cream on April 21, 2014. The patient only complained of chronic headache, post traumatic depression, and right parietal/occipital area soft tissue tenderness. None of these signs and symptoms fall under the recommended use for ketamine. In addition, the patient has been taking Norco and Naproxen for his headaches. There is no discussion concerning need for variance from the guidelines. Therefore the request for KETAMINE 10% 120 GM SIG 1-2 PUMPS 2-4 X DAILY WITH 2 REFILLS is not medically necessary.