

Case Number:	CM14-0075348		
Date Assigned:	07/16/2014	Date of Injury:	12/04/2009
Decision Date:	08/22/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/23/2014

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 & Rehabilitation, and is licensed to practice in Illinois. 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 injured worker is a 52-year-old female who reported an injury on 12/04/2009. The mechanism of injury was not provided. On 03/13/2014, the injured worker presented with chronic low back pain and bilateral upper extremity pain. Her medication includes ketamine cream and Lidoderm patch. The diagnoses were sciatica, lesion ulnar nerve bilateral, carpal tunnel syndrome bilateral, disorder of sacrum, and pain in the joint forearm. Upon examination, the injured worker ambulated to the examination room without assistance. The posterior neck was observed and palpated, and there were no lumps or masses noted. The provider recommended ketamine 5% cream and Lidoderm 5% patch. The provider's rationale was not provided. The request for authorization form was dated 03/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 5% cream 60 gr #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines state that transdermal compounds are largely experimental in use with few randomized controlled trials to determine efficacy. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. Ketamine is currently not FDA approved for topical use nor proven beneficial in this regard. As the FDA does not recommend ketamine for topical use, the cream would not be warranted. Additionally, the provider's request as submitted does not indicate the frequency of the medication or the site that the ketamine cream was intended for. As such, the request for Ketamine 5% cream 60 gr #1 is not medically necessary.

Lidoderm 5% patch (700 mg/patch) #30 x 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Page(s): 56-57.

Decision rationale: The California MTUS states that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy adequate or AED such as gabapentin or Lyrica. This is not a first line therapy and is only FDA approved for postherpetic neuralgia. The included medical documentation does not indicate that the injured worker has a diagnosis that would be congruent with the Guideline recommendations for a Lidoderm patch. Additionally, the provider does not indicate the frequency of the Lidoderm patch or the site that it is intended for within the request as submitted. As such, the request for Lidoderm 5% patch (700 mg/patch) #30 times 3 is not medically necessary.