

Case Number:	CM14-0096656		
Date Assigned:	07/28/2014	Date of Injury:	06/10/2002
Decision Date:	10/24/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/24/2014

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, has a subspecialty in Interventional Spine 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:

This patient is a 42 year old female with an injury date of 6/10/02. Based on the 5/08/14 progress report by the performing provider, [REDACTED], and the supervising provider, [REDACTED], this patient complains of "some stiffness and pain the hip," status post arthroscopic right hip labral repair on 3/5/14" and cannot lean over too far due to the pain. This patient reports "having persistent burning pain throughout the right knee," which is "worse with sitting, and better with walking around or laying down," and states "this pain really happens when her knee is bent." Exam of this patient reveals antalgic gait. This patient is off modified weight bearing status and is participating in physical therapy. Work status: "The patient is permanent and stationary." Diagnoses for this patient are pain in joint lower leg and unspecified major depression, recurrent episode. The utilization review being challenged is dated 6/06/14. The request is for Ketamine 5% cream 60gr. The requesting provider is [REDACTED] and he has provided various progress reports from 12/12/13 to 6/05/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 5% cream 60 gram: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medicine Topical Analgesics NSAIDs Lidocaine Indication Capsaicin Baclofen Salicylate to.

Decision rationale: This patient continues to experience burning pain in the right knee. The treater requests Ketamine 5% cream 60gr. MTUS guidelines, pages 111-113, consider topical analgesics largely experimental in use and recommends its use for neuropathic pain when trials of antidepressants and anticonvulsants have failed; applied locally to painful areas. MTUS also states "Ketamine: Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted." This patient reports benefit from previous knee surgery and will continue physical therapy as directed, including a discussion about a home exercise regimen. However, this patient is "still having burning pain in the right knee" and "Voltaren gel has not helped with this particular symptom." The treater requests to have this patient trial Ketamine cream on the right knee to see if this will help with the burning sensation, given "Voltaren gel has not helped with this particular symptom." Furthermore, this patient is "still having burning pain in the right knee." Recommendation is for authorization.