

Case Number:	CM14-0109856		
Date Assigned:	08/01/2014	Date of Injury:	06/18/2009
Decision Date:	01/02/2015	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/15/2014

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 has a subspecialty in 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 is a 40 year old patient who reported an industrial injury on 6/18/2009, over 5 years ago, attributed to the performance of his usual and customary job tasks reported as cutting a pip which tipped upward sending the patient to the ground. The patient reported elbow pain; neck pain; thoraci pain and low back pain. The patient has been treated conservatively. The objective findings on examinaiton were limitede to normal muscle tone and normal strength. The treating diagnoses included cervical strain, thoracic strain, lumbar strain, and elbow strain. The treatment plan included Ketamine 5% cream 60 gr.

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: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 128, Chronic Pain Treatment Guidelines analgesics, anti-inflammatory medications, Ketamine Page(s): 112-113, 22, 67-68, 56. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter; topical analgesics; topical analgesics compounded

Decision rationale: The request for the topical compounded analgesic Ketamine 5% cream 60 gm is not medically necessary for the treatment of the patient for the treatment of chronic pain. The use of topical Ketamine 5% is not recommended by the California MTUS. There is insufficient evidence to support the use of ketamine for the treatment of chronic pain. The ODG recommended as a possible treatment for neuropathic pain after spinal cord injury however ketamine was associated with frequent side effects. The use of the topical creams does not provide the appropriate therapeutic serum levels of medications due to the inaccurate dosing performed by rubbing variable amounts of creams on areas that are not precise. The volume applied and the times per day that the creams are applied are variable and do not provide consistent serum levels consistent with effective treatment. There is no medical necessity for the addition of creams to the oral medications in the same drug classes. There is no demonstrated evidence that the topicals are more effective than generic oral medications. The use of Ketamine 5% cream 60 gm not supported by the applicable CA MTUS and ODG guidelines as cited above. The continued use of topical NSAIDs or analgesics for the current clinical conditions is not otherwise warranted or demonstrated to be appropriate. There is no documented objective evidence that the patient requires both the oral medications and the topical compounded medication for the treatment of the industrial injury. The prescription for Ketamine 5% cream 60 gm is not medically necessary for the treatment of the patient's chronic pain complaints. The prescription of Ketamine 5% cream 60 gm is not recommended by the CA MTUS and the Official Disability Guidelines. The continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or appropriate - noting the specific comment that "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or Knee". The objective findings in the clinical documentation provided do not support the continued prescription of for the treatment of chronic pain. There is no demonstrated medical necessity for the prescribed/dispensed Ketamine 5% topical cream 60 g. over the available over the counter topical creams. The request for Ketamine 5% cream is not medically necessary or appropriate.