

Case Number:	CM14-0192714		
Date Assigned:	11/26/2014	Date of Injury:	04/08/2013
Decision Date:	01/14/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/18/2014

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:

The patient is a 41-year-old male with a date of injury of 04/18/2013. The medical file provided for review includes one appeal letter which was written in response to the Utilization review denial for Ketamine 5% cream on 10/15/14. According to appeal letter 11/5/14, the patient continues to have left upper extremity pain. Treatment history includes bracing, massage therapy, physical therapy, TENS, acupuncture, cortisone injections, and oral medications. He also utilizes ketamine cream for nerve pain. Examination revealed pain in the left wrist with flexion of 30 degrees and extension of 20 degrees. There is tenderness with palpation of the left wrist. There is positive Tinel's sign over the left cuboid tunnel. The treating physician argues that ketamine cream is necessary as the patient has heartburn with current oral medications including ibuprofen and naproxen. The patient has expressed that he would like to minimize intake of oral NSAID and has been utilizing ketamine cream for his neuropathic pain. The treating physician states that the patient has "subjective, objective, and diagnostic findings of neuropathic pain for which the use of topical ketamine is appropriate and consistent with the guidelines."

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ketamine 5% cream 60gr (DOS 7/31/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine Page(s): 56, 113.

Decision rationale: This patient presents with continued left upper extremity pain. The current request is for retrospective ketamine 5% cream 60 g (DOS 07/31/2014). The medical file provided for review includes one appeal letter dated 11/05/2014. MTUS Guidelines page 56, chronic pain medical treatment guidelines for ketamine states, "Not recommended. There is insufficient evidence to support the use of ketamine for the treatment of chronic pain." MTUS page 113 also has the following regarding ketamine, "Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment have been exhausted. Topical ketamine has only been studied for use in non-controlled studies for CRPS 1 and post-herpetic neuralgia, and both have shown encouraging results." The patient has not been diagnosed with CRPS or post-herpetic neuralgia, and ketamine has not been shown in any studies to provide functional improvement for other neuropathic pain. The requested ketamine is not medically necessary.