

Case Number:	CM14-0192916		
Date Assigned:	11/26/2014	Date of Injury:	11/09/1995
Decision Date:	01/14/2015	UR Denial Date:	10/21/2014
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 Internal Medicine, has a subspecialty in Hospice Palliative Medicine and is licensed to practice in Pennsylvania. 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 54-year-old gentleman with a date of injury of 11/09/1995. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 09/09/2014 and 10/06/2014 indicated the worker was experiencing lower back pain, lower back and leg spasms, depressed mood, and problems sleeping. Documented examinations described walking with a painful pattern, decreased motion in the lower back joints, decreased sensation along the paths of both L4 and L5 spinal nerves, lower back muscle spasms, and positive testing on both sides involving raising a straightened leg. The submitted and reviewed documentation concluded the worker was suffering from lumbar post-laminectomy syndrome, bulging disk(s) in the lower back, and depression. Treatment recommendations included oral and topical pain medications, injected medication near the lower back spinal nerves, and follow up care. A Utilization Review decision was rendered on 10/21/2014 recommending non-certification for 60 grams of ketamine 5% cream Qty: 2 for the dates of service 05/06/2014, 06/10/2014, and 07/10/2014.

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 Qty: 2 DOS: 5/6, 6/10, 7/10/2014: 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.

Decision rationale: The MTUS Guidelines do not recommend the use of ketamine for on-going pain. The literature has not demonstrated this medication to have sufficient benefit in this setting to outweigh its serious potential negative side effects, even in the topical form. The submitted and reviewed records indicated the worker was experiencing lower back pain, lower back and leg muscle spasms, depressed mood, and problems sleeping. There was no discussion detailing extenuating circumstances that sufficiently supported the requested medication. In the absence of such evidence, the current request for 60grams of ketamine 5% cream Qty: 2 for the dates of service 05/06/2014, 06/10/2014, and 07/10/2014 is not medically necessary.