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| Case Number: | CM14-0194633 | | |
| Date Assigned: | 12/02/2014 | Date of Injury: | 10/05/2008 |
| Decision Date: | 01/23/2015 | UR Denial Date: | 11/07/2014 |
| Priority: | Standard | Application Received: | 11/19/2014 |

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 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 injured worker (IW) is a 61-year-old man with a date of injury of October 5, 2008. The mechanism of injury was not documented in the medical record. The injured workers working diagnoses are chronic pain; congenital pes planus; unspecified major depression, single episode; unspecified major depression, recurrent episode; and anxiety state. Pursuant to the progress note dated September 24, 2014, the IW presents for a follow-up regarding chronic low back pain and right foot pain. The IW reports having some muscle tension and spasms in the low back. Objective physical findings reveal decreased range of motion (ROM) of the lumbar spine, which is decreased by 20% flexion, 20% with extension, and 10% with rotation bilaterally. There is tenderness to palpation at the lumbosacral junction. ROM of the right foot is decreased by 60% with flexion, 60% with extension, and 80% with inversion and eversion. Current medications include Fentanyl 12mcg/hr patch, Ketamine 5% cream, Ambien 5mg, Relafen 500mg, Wellbutrin 75mg, Docusate Sodium 100mg, Gabapentin 600mg, Arnica Tincture 20%, as well as vitamins and herbal supplements. The provider is recommending refill of medications. The current request is for Ketamine 5% cream 60 grams; apply to affected area three times a day. Documentation from a May 7, 2014 progress note indicates Ketamine 5% cream was being used at that time. Documentation does not contain evidence of objective functional improvement as it pertains to Ketamine cream.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Ketamine topical is under study. It is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. It is been studied for use in non-controlled studies for CRPS 1 and post-herpetic neuralgia with encouraging results. In this case, the injured workers working diagnoses are chronic pain; and congenital pes planus. The medications listed in the medical record include Norflex, Fentanyl Patch, Ketamine 5% Cream, Tramadol/APAP, Ambien, Relafen, Gabapentin, Colace, and Wellbutrin. Documentation from a May 7, 2014 progress note indicates Ketamine 5% cream was being used at that time. Documentation does not contain evidence of objective functional improvement as it pertains to ketamine cream. The injured worker does not have a diagnosis of CRPS one or postherpetic neuralgia. Additionally, there is no documentation the injured worker has exhausted all primary and secondary treatment options for neuropathic pain. Consequently, absent the appropriate clinical documentation, clinical indication and clinical rationale for Ketamine cream. Ketamine 5% cream 60 g is not medically necessary.