

Case Number:	CM14-0194670		
Date Assigned:	12/02/2014	Date of Injury:	12/29/2003
Decision Date:	03/04/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/20/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York
 Certification(s)/Specialty: Emergency Medicine

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 61 year old injured worker (IW) with an injury date of 12/29/2003, she has been treated for, neck pain, low back pain, bilateral shoulders, left elbow pain, and bilateral thumb pain. The IW's past surgical history includes bilateral total hip arthroplasty, bilateral carpal tunnel surgery, bilateral rotator cuff repair, left epicondylitis surgery, and a right total knee arthroplasty. Past medical history includes joint pain localized in the hip, restless legs syndrome and sacroilitis. According to notes of 10/27/2014, her pain is at a level of 3-4/10 in severity. The IW uses a topical pain medication compounded of ketamine, diclofenac, ibuprofen and lidocaine with a ratio of 10/3/3 and 2 % cream applied four times daily that she states reduces her pain level from a 4/10 to 1/10. The IW states this medication increases her function and ability to do activities of daily living. The IW is currently medically retired since 04/2005. Chiropractic care has helped in the past for her neck and back pain. Medications taken include Norco, Daypro, trazodone, and Celexa. On 10/27/2014 examination the IW has limited lateral rotation of her neck, right - sided paracervical tenderness into the right trapezius and right greater than left side paralumbar tenderness to palpation. Documentation indicates a plan to continue using the topical cream of ketamine, diclofenac, ibuprofen and lidocaine for her neck and back pain. A UR dated 11/4/2014 noncertified a request for a Ketamine hcl compound quantity 240.00 30 days' supply refill #2 of #4 (Ketamine powder, Diclofenac powder, ibuprofen powder, lidocaine powder). CA MTUS guidelines were cited in support of this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine HCL compound Qty: 240.00 30-days supply Refill 2 of 4 (ketamine powder, diclofenac powder, ibuprofen powder, lidocaine powder): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com, Ketamine

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 66-69, 111-112.

Decision rationale: The requested medication is a compounded topical medication with 4 medication components. CAMTUS guidelines for the components are as follows. The first component is Ketamine Powder. Ketamine is under medical review and should only be considered for the treatment of neuropathic pain and only if other analgesic options have been exhausted. The second and third components are diclofenac and ibuprofen. These are both non-steroidal anti-inflammatory medication (NSAID). NSAIDS are traditionally used for first treatments for patients with moderate to severe pain. Using more than one NSAID concomitantly is not recommended. Topical NSAIDs have shown efficacy during the first 2 weeks of treatment for patients with osteoarthritis. With respect to osteoarthritis of the knees, topical NSAID have been shown to give relief up to 12 weeks. Specifically, Voltaren Gel applied to joints has shown some relief. It is not recommended to use beyond the 12 weeks. These medications have not been evaluated for treatment of the neck and back. The fourth component is lidocaine. Lidocaine is recommended for neuropathic pain, but not in wide spread use. It is approved for application in the formulation of a patch, but it is not commercially approved for other topical applications. The IW has widespread pain and the use of this compound medication is not supported by CA MTUS guidelines. The request is not medically necessary.