MAXIMUS Federal Services

Case Number:	CM14-0197118		
Date Assigned:	12/05/2014	Date of Injury:	11/08/2004
Decision Date:	01/21/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	11/24/2014

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 Pain Management 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 55 year old male with the injury date of 11/08/04. Per physician's report 11/19/14, the patient has neck pain. ROM of cervical spine is decreased by about 50% of flexion and extension as well as bilateral tilt and rotation to the right and left. CT cervical spine from 05/19/14 reveals multilevel mild to moderate neural foraminal narrowing. The patient underwent three -level cervical fusion in 2012 and wants to avoid another surgery. The patient states that "he gets functional improvement with Morphine for pain and Ketamine cream". "He has pain reduction with morphine. He has no side effects. He cannot do activities of daily living without medication." He rates his pain as 9-10/10 without medication and as 4-5/10 with medication. Urine drug scree was conducted. The patient is taking Colace, Lidoderm patch, Mirtazapine, Mobic, Ketamine 5% cream, Tegaderm patch, Gabapentin, Morphine sulfate Er, Tizanidine, Albuterol Inhal Soln and Pseudoephedrine. Per 10/28/14 progress report, the patient has multiple claims involving his neck, bilateral hand, left knee and low back pain. He reports increased back pain and spasms. The patient underwent knee surgeries in 1998 and 2005. The lists of diagnoses are:1) Cervical disc displacement without myelopathy2) Pain in joint lower leg3) Carpal tunnel syndrome4) Pain syndrome NECPer 10/03/14 progress report, the patient presents with chronic neck and bilateral knee pain. He also reports having pain in his mid-back, radiating around his ribs. "Patient does report that his neck pain was improved with massage therapy. He states that occasionally 50-60% reduction in pain and he was able to sit for longer and repeat better with less pain. He is able to sleep better and was able to perform activities of daily living better with less pain." The utilization review determination being challenged is dated on 11/20/14. Treatment reports were provided from 04/22/14 to 11/19/14.orts were provided from 04/22/14 to 11/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Request for 1 Compound Medication (Ketamine and Versapro) between 11/18/2014 and 1/2/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical creams Page(s): 111.

Decision rationale: The patient presents with pain in his neck. The patient is s/p three -level cervical fusion in 2012. The request is for compound medication (Ketamine and Versapro). MTUS guidelines page 111 states that Ketamine 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. Topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia and both have shown encouraging results. The exact mechanism of action remains undetermined. See also Glucosamine (and Chondroitin Sulfate)."This patient has been on Ketamine 5% cream since at least 04/22/14. There is no clear diagnosis of neuropathic pain or CRPS for which this topical product is indicated. The patient suffers from chronic neck pain with history of neck surgery. The provider does not explain why this combination topical is being prescribed. There does not appear to be any indication for the hydrocortisone component of this compounded product. The request is not medically necessary.