

Case Number:	CM14-0199588		
Date Assigned:	12/09/2014	Date of Injury:	09/07/2012
Decision Date:	01/22/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	11/30/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 62 year old female who was injured at work on 09/07/2012. She is reported to be complaining of intermittent headaches, neck pain that radiates to the bilateral upper extremities, shoulder pain that radiates to the hand and fingers, lower back pain that radiates to the legs. The physical examination revealed mild weakness of the wrist extensors rated as 4/5. The worker has been diagnosed of cervical spine herniated nucleus polyposis at C5-C6 with right upper extremity radiculopathy, thoracic spine musculoligamentous sprain/strain, right shoulder musculoligamentous sprain/strain, lumbar spine musculoligamentous sprain/strain, insomnia secondary to orthopedic injury, status post anterior cervical discectomy and fusion. Treatments have included neck surgery in 04/2014, cervical collar, physical therapy, Topical creams and Tramadol. At dispute is the request for 20 Ketamine Hydrochloride 100%.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Ketamine Hydrochloride 100%: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 09/07/2012. The medical records provided indicate the diagnosis of cervical spine herniated nucleus polyposis at C5-C6 with right upper extremity radiculopathy, thoracic spine musculoligamentous sprain/strain, right shoulder musculoligamentous sprain/strain, lumbar spine musculoligamentous sprain/strain, insomnia secondary to orthopedic injury, status post anterior cervical discectomy and fusion. Treatments have included neck surgery in 04/2014, cervical collar, physical therapy, Topical creams and Tramadol. The medical records provided for review do not indicate a medical necessity for 120 Ketamine Hydrochloride 100%. The MTUS does not recommend the use of Ketamine for treatment of chronic pain. The topical form is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Therefore, the requested treatment is not medically necessary and appropriate..