

Case Number:	CM14-0201985		
Date Assigned:	12/12/2014	Date of Injury:	01/12/2008
Decision Date:	02/03/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/02/2014

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 Rehab, has a subspecialty in Interventional spine 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:

This patient is a 42-year-old male with a date of injury of January 12, 2008. According to treatment report dated September 3, 2014, the patient presents with chronic neck and low back pain and headaches. She reports intermittent numbness in the arms, legs, face and neck. Physical examination revealed normal muscle tone without atrophy in the upper and lower extremities. Strength testing was 5/5. The patient's gait is slightly antalgic. The patient ambulated into the room without any assistance. Strength is grossly full in the bilateral lower extremities. The listed diagnoses are major depression, psychogenic pain, degeneration cervical disc, degeneration lumbar disc, and neck pain and syndrome post-concussion. Treatment plan was for refill of medications including Ketamine 5% topical cream. Patient is currently totally temporarily disabled and is unable to return back to his usual and customary work. The utilization review denied the request for Ketamine topical cream on November 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 5% cream, 60gr, apply to affected area three times a day, #1: Upheld

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

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

Decision rationale: This patient presents with chronic neck and low back pain and headaches. The current request is for Ketamine 5% cream, 60 gr apply to affected area three times a day #1. The 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. (Gammaitoni, 2000) (Lynch, 2005) See also Glucosamine (and Chondroitin Sulfate)." This patient has been using Ketamine 5% cream since at least 02/28/14. There is no clear diagnosis of neuropathic pain or CRPS for which this topical product is indicated for. The patient suffers from chronic neck and low back pain. The request is not medically necessary.