

Case Number:	CM14-0202527		
Date Assigned:	12/15/2014	Date of Injury:	05/01/2007
Decision Date:	01/31/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/03/2014

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 Occupational 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:

Injured worker is a female with date of injury 5/1/2007. Per follow up visit note dated 10/27/2014, the injured worker complains of chronic bilateral upper extremity pain. She reports no acute changes to her bilateral hand pain. Her pain is rated at 5/10 and is aggravated by gripping, grasping, lifting, cooking or cleaning. Her previous carpal tunnel release surgeries did help with numbness and tingling but she continues to have residual pain. She does not feel the buprenorphine has helped with regards to her pain. She reports that she continues to utilize a TENS unit which does help to reduce pain and she also exercises with home exercise program. On examination there were no abnormal findings. Diagnoses include 1) long term use of medications 2) carpal tunnel syndrome 3) syndrome, cervicobrachial 4) epicondylitis, lateral. Utilization review treatment appeal dated 11/12/2014 reports previous musculoskeletal exam with positive Tinel sign over the carpal tunnels bilaterally. There are well-healed surgical scars consistent with carpal tunnel decompression. Tinel sign is mildly positive on the right over the cubital tunnel and negative on the left. Motor examination is very difficult in the bilateral upper extremities secondary to guarding. There is no focal weakness in regard to arm abduction, forearm flexion-extension, wrist extension, thumb opposition, or finger abduction. Reflexes are 2+ and equal at the biceps, triceps, and brachial radialis. She has graduated from a functional restoration program, however continues to have pain. She has failed treatments with venlafaxine, gabapentin, hydrocodone, and buprenorphine due to side effects and/or poor efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Ketamine 5% cream 60 gr: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine section, Topical Analgesics section Page(s): 56, 111-113.

Decision rationale: The MTUS Guidelines do not recommend the use of Ketamine. There is insufficient evidence to support the use of Ketamine for the treatment of chronic pain. There are no quality studies that support the use of Ketamine for chronic pain, but it is under study for CRPS. Ketamine is an anesthetic in animals and humans, and also a drug of abuse in humans, but Ketamine may offer a promising therapeutic option in the treatment of appropriately selected patients with intractable CRPS. One very small study concluded that Ketamine showed a significant analgesic effect on peripheral neuropathic pain, but the clinical usefulness is limited by disturbing side effects. Another study by the same author with a sample size too small for the ODG concluded that Ketamine showed a significant analgesic effect in patients with neuropathic pain after spinal cord injury, but Ketamine was associated with frequent side effects. Topical Ketamine is under study and 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 requesting physician explains that Ketamine cream will be used as a trial as the injured worker is not tolerating oral medications very well. Ketamine cream is prescribed to help with neuropathic pain and hopefully allow her to sleep better at night and perform activities of daily living better with less pain. She has also recently started Nortriptyline with her doctor for back pain. Utilization review opinioned that since the requesting physician reported the injured worker may need additional physical therapy that all primary and secondary treatment has been exhausted. The injured worker is noted to be injured for over seven years, has had carpal tunnel release surgeries with revision, and has completed a functional restoration program. She has failed first and second line oral medications. Medical necessity of this request has been established within the recommendations of the MTUS Guidelines. The request for 2 Ketamine 5% cream 60 gr is determined to be medically necessary.