

Case Number:	CM14-0210751		
Date Assigned:	12/23/2014	Date of Injury:	10/13/2011
Decision Date:	09/03/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/16/2014

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 44 year old male, who sustained an industrial injury on October 13, 2011, incurring left hip, low back and left shoulder injuries after a flat screen television fell off a wall hitting her. Magnetic Resonance Imaging of the left hip revealed a focal tear of the anterior labrum, degenerative disc disease and mild tenopathy. Magnetic Resonance Imaging of the lumbar spine showed a broad based disc bulge with facet hypertrophy and bilateral neural foraminal narrowing. Magnetic Resonance Imaging of the left shoulder revealed a SLAP labral tear with tendinopathy. She underwent a left hip arthroscopy in January, 2013. Treatments included physical therapy, pain medications, anti-inflammatory drugs, and work modifications. Currently, the injured worker complained of chronic low back, left shoulder and left hip pain rated 7 on a pain scale of 1 to 10. She underwent steroid hip injections but still had difficulty performing activities of daily living. The treatment plan that was requested for authorization included a prescription for Ketamine 5% cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 5% cream, 60gr: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG medication compound drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Ketamine is not recommended due to lack of evidence. It has been studied for CRPS and herpes neuralgia. The claimant does not have the above diagnoses. The claimant was also on oral analgesics. The topical Ketamine is not medically necessary.