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| Case Number: | CM15-0001565 | | |
| Date Assigned: | 01/12/2015 | Date of Injury: | 08/21/2012 |
| Decision Date: | 03/10/2015 | UR Denial Date: | 12/05/2014 |
| Priority: | Standard | Application Received: | 01/05/2015 |

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 39 year old male who was injured on 8/21/2012. The diagnoses are carpal tunnel syndrome, hand joints pain and status post radial nerve damage. The past surgery history is significant for multiple surgeries of the left wrist and radial nerve injury repair. The patient completed functional restoration program and PT. There were subjective complaints of a pain score of 4-5/10 on a scale of 0 to 10. The patient reported numbness and decreased sensation in the fingers. The provider noted that the patient is preferentially utilizing the Ketamine cream but not rarely using other prescribed medications. There were no clinical findings of CRPS. The medications listed are Nabumetome, Ultracet and Ketamine cream. A Utilization Review determination was rendered on 12/5/2014 recommending non certification for Ketamine cream 5% 60gm #1 DOS 6/24/2014 and 7/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Ketamine 5% cream 60grm #1 dos 6/24/14 and 7/29/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Pain Chapter Topical Analgesic preparations.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when treatment with first line anticonvulsant and antidepressant medications have failed. The use of Ketamine is in clinical trial as a third line medication in the treatment of CRPS for patient who have failed topical Lidoderm and other topical second line products. The records did not show subjective or objective findings consistent with CRPS. The records did not show that the patient failed standard first line pain medications. The patient was not compliant with utilization of first line NSAIDs or second line Ultracet pain medications. The criteria for the use of Ketamine cream 5% #1 DOS 6/24/2014 and 7/29/2014 was not met.