

Case Number:	CM15-0005198		
Date Assigned:	01/16/2015	Date of Injury:	02/24/2011
Decision Date:	03/18/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/09/2015

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54 year old female who sustained an industrial injury on 2/24/2011. She has reported her right hand getting caught in a compression machine and subsequent right upper extremity pain. The diagnoses have included reflex sympathetic dystrophy, chronic pain adhesive capsulitis, psychogenic pain, depression and right carpal tunnel syndrome. Treatment to date has included physical therapy, chiropractic therapy, acupuncture authorized but not documented as completed, right carpal tunnel injections and medication management. Currently, the IW complains of chronic right upper extremity pain. On 12/10/2014, Utilization Review non-certified Ketamine 5% cream, noting the lack of documented medical efficacy. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 5% cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The patient presents with chronic right upper extremity pain. The current request is for ketamine 5% cream. The treating physician states that with the use of ketamine cream, Norco and Lyrica the patient's pain level is reduced from 10/10 down to 5/10 on VAS. She is able to prepare dinner, take showers and perform activities of daily living better with less pain. The MTUS guidelines state that topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety." Specifically, ketamine is "under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted." In this case, the treating physician has not provided documentation that a trial of anticonvulsants or antidepressants has been attempted and failed. Recommendation is for denial.