

Case Number:	CM15-0005249		
Date Assigned:	01/16/2015	Date of Injury:	04/04/2011
Decision Date:	03/13/2015	UR Denial Date:	12/16/2014
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

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 59 year old female, who sustained an industrial injury on 4/4/11. She has reported pain in the low back . The diagnoses have included lumbar disc displacement, depression, anxiety and pain psychogenic. Treatment to date has included acupuncture, diagnostic studies, physical therapy, sacroiliac joint injections and oral medications. As of the progress note on 12/5/14, the injured worker reports a gradual increase in her lower back pain. She is reporting benefit from her current medications, including Ketamine cream 5%. The treating physician is requesting to continue Ketamine cream 5%. On 12/16/14 Utilization Review non-certified a prescription request for Ketamine cream 5% 60 grams. The UR physician cited ODG guidelines for chronic pain, noting that Ketamine only is recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. On 1/9/15, the injured worker submitted an application for IMR for review of Ketamine cream 5% 60 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine Cream 5% 60gr: Upheld

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

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

Decision rationale: This patient presents with chronic low back pain. The current request is for Ketamine cream 5% 60 grams. MTUS page 111 of the chronic pain section states the following regarding topical analgesics: "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents." Regarding topical Ketamine, MTUS page 112 states: "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, MTUS states that there is no evidence to support the use of Ketamine for chronic pain. The request IS NOT medically necessary.