

Case Number:	CM15-0107383		
Date Assigned:	06/11/2015	Date of Injury:	02/19/2011
Decision Date:	07/17/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/03/2015

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, 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:

This is a 33 year old female patient, who sustained an industrial injury on 02/19/2011. Diagnoses included lumbar disc displacement without myelopathy, sciatica, disorders sacrum, depression, anxiety state not otherwise specified and unspecified major depression recurrent episode. She sustained the injury while lifting a bag of garbage and throwing it into the dumpster. Per the doctor's note dated 6/19/2015, she had complaints of chronic low back pain with radiation to the left lower extremity. According to a progress report dated 05/22/2015, she reported improvements in pain control with acupuncture treatments. The treatments were helpful in temporarily reducing her lower back pain and improving her sitting and standing tolerance. She remained off of opioid therapy but her lower back pain prevented her from returning to employment. The physical examination revealed tenderness and decreased range of motion of the lumbar spine and positive straight leg raising on the left side. According to a progress report dated 09/29/2014, she presented with chronic low back pain. She reported that medications continued to help to reduce pain and allow for greater function. The medications list includes Gabapentin, Naproxen Sodium, Pantoprazole, Sertraline, Tramadol/apap and Ketamine 5% cream. She has had EMG/NCS which revealed left S1 radiculopathy; lumbar MRI. She has had physical therapy visits, acupuncture and epidural steroid injections for this injury. On 05/18/2015, the provider requested authorization for Ketamine 5% cream 60 grams for retro date of service 09/29/2014. Currently under review is the request for Ketamine 5% cream 60 grams #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 5% cream 60gm #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113 Ketoprofen is an NSAID.

Decision rationale: The MTUS Chronic Pain Guidelines regarding topical analgesics state, "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. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants...)" (Argoff, 2006) There is little to no research to support the use of many of these agents, "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". Ketamine: Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Patient is taking gabapentin and sertraline. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Patient is already taking oral medications for pain. Intolerance to oral medication is not specified in the records provided. Evidence of failure of all primary and secondary treatment is not specified in the records provided. The request for Ketamine 5% cream 60gm #1 is not medically necessary or established for this patient.