

Case Number:	CM15-0108833		
Date Assigned:	06/15/2015	Date of Injury:	07/12/2010
Decision Date:	07/14/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/05/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 39 year old female, who sustained an industrial injury on 7/12/10. She reported left arm and wrist pain following an auto accident. The injured worker was diagnosed as having chronic regional pain syndrome. Treatment to date has included oral medications including Celebrex, Cymbalta, Risperdal, Ativan and Zofran; topical medications including Flector patch and Ketamine/Ketoprofen/Lidocaine, intravenous Ketamine infusions, spinal cord stimulator, physical therapy and home exercise program. Currently, the injured worker complains of continued headaches, pain in arms rated 3-4/10 and feet rated 6-7/10. She has noticed improvement of symptoms since receiving ketamine infusions. She is on total temporary disability. Physical exam noted no abnormalities. A request for authorization was submitted for Ketamine/Ketoprofen/Lidocaine topical cream 100 grams with 4 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 5.525g/Ketoprofen 2.48g/Lidocaine 114g topical cream, apply to affected area of lower extremities 4 times daily, 100g, with 4 refills: Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no evidence that Ketoprofen or any other compound of the topical analgesic are recommended as topical analgesics for chronic back pain. Ketoprofen, a topical analgesic is not recommended by MTUS guidelines. Based on the above, Ketamine 5.525g/Ketoprofen 2.48g/Lidocaine 114g topical cream 100gm with 4 refills is not medically necessary.