

Case Number:	CM15-0017756		
Date Assigned:	02/05/2015	Date of Injury:	04/03/2013
Decision Date:	04/07/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/30/2015

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, District of Columbia, Maryland
 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 injured worker is a 48 year old male, who sustained an industrial injury on 4/3/13. He has reported bilateral upper extremity injuries. The diagnoses have included lateral epicondylitis. Treatment to date has included medications, diagnostics, ice and massage. Currently, the injured worker complains of chronic bilateral upper extremity pain. He states that the pain is currently in the right elbow, worse with activity and better with rest and medication. He also notes that ice and massage relieve the pain. He has been authorized for surgical consult but does not have an appointment yet. He has been using naproxen and diclofenac cream with excellent benefit. With the use of these medications the pain is decreased by fifty percent and will last about six hours to allow him to wash dishes and take care of his nine month old, he states that he is able to carry her better when the pain is decreased. He denies and gastrointestinal upset. Physical exam revealed tenderness to palpation over bulk of extensor muscles in proximal forearm with mild tenderness to palpation over the common extensor tendon over lateral epicondyle. There was also tenderness to palpation over the triceps tendon. The ultrasound of right elbow dated 3/11/14 revealed that the lateral epicondyle had two areas that were hypoechoic, the common extensor tendon and a possible tear in the common extensor tendon superior to the insertion. The Magnetic Resonance Imaging (MRI) of right elbow dated 9/19/13 revealed common extensor tendinopathy, with slight edema, lateral epicondylitis. Also, subtle radial head chondromalacia, with slight adjacent bony edema. Work status was restricted to lifting 10 pounds, pulling, pushing maximum of 10 pounds and limited rigorous grasping with right hand. On 12/24/14 Utilization Review non-certified a request for CMPD-Ketamine/Versapro Day Supply: 20 QTY: 60, noting that it is not

recommended because current studies are experimental and there are no consistent recommendations for protocols. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

CMPD-Ketamine/Versapro Day Supply:20 QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: With regard to Ketamine MTUS states: Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia and both have shown encouraging results. As the documentation contains no evidence of second line analgesic trial such as TCA or SNRI, the request is not medically necessary.