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| Case Number: | CM15-0132752 | | |
| Date Assigned: | 07/20/2015 | Date of Injury: | 04/10/2013 |
| Decision Date: | 08/14/2015 | UR Denial Date: | 07/06/2015 |
| Priority: | Standard | Application Received: | 07/09/2015 |

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: Arizona, 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:

The injured worker is a 37-year-old female who sustained an industrial injury on April 10, 2013. She has reported a back injury and has been diagnosed with neck pain, syndrome cervicocranial, syndrome post-concussion, post-concussion syndrome, suspected cervical strain/left-cervical facet arthropathy, and cervicogenic headaches. Treatment has included medications, physical therapy, a home exercise program, medical imaging, and chiropractic care. She had mild tenderness to palpation over the left occiput and left posterior cervical paraspinal muscles. There was mild restriction in cervical flexion and extension. MRI of the cervical spine dated September 24, 2013 revealed diffuse bulge of C5-6 disc, causing mild narrowing of the central canal and neural foramina, bilaterally. The bulge measured approximately 3 mm in size, mild diffuse bulge of C2-3, C3-4, C4-5 and C6-7 discs, without any significant central or neural foraminal narrowing. The bulges measure approximately 2 mm in size. The treatment request included Ketamine cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 5% cream 60gr Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 56, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112, 56.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Ketamine is not recommended by the guidelines in oral or topical form. Topical Ketamine is 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. In this case, there is no note of failure of all other options and the claimant does not have the above diagnosis. The request is therefore not medically necessary.