

Case Number:	CM15-0135004		
Date Assigned:	07/23/2015	Date of Injury:	11/19/2013
Decision Date:	08/25/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/13/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 53-year-old who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of November 19, 2013. In a Utilization Review report dated July 1, 2015, the claims administrator failed to approve requests for a ketamine-lidocaine containing amalgam. A June 18, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. In a June 26, 2015 RFA form, the ketamine-lidocaine compound in question was renewed. In an associated progress note of June 18, 2015, it was acknowledged, through preprinted checkboxes, that the applicant was not working as his employer was unable to accommodate previously imposed limitations. Ongoing complaints of knee and leg pain were reported, 5-7/10. The ketamine-lidocaine compound in question was endorsed. The applicant was described as severely obese, standing 5 feet 8 inches tall and weighing 318 pounds. The applicant was given diagnoses of moderate-to-severe right knee arthritis and severe left knee arthritis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 10% and Lidocaine 5% twice a day, with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: No, the request for a ketamine-lidocaine containing topical compound was not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, topical ketamine is deemed under study and only recommended for treatment of neuropathic pain or refractory cases in which all primary and secondary treatments have been exhausted. Here, however, there was no mention of the applicant's having tried, failed, and/or exhausted all primary and secondary treatments. It was not clearly stated why the applicant could not employ what the MTUS Guideline in ACOEM Chapter 3, page 47 deems first-line oral pharmaceuticals in favor of what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical compounds such as the agent in question. Since the ketamine component in the amalgam was not indicated, the entire amalgam was not recommended, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.