

Case Number:	CM15-0140615		
Date Assigned:	07/30/2015	Date of Injury:	07/12/2012
Decision Date:	08/28/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/21/2015

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:

This injured worker is a 40 year old male who reported an industrial injury on 7-12-2012. His diagnoses, and or impression, were noted to include: a 3rd degree wrist burn with loss of finger; long-term use of medications; anxiety and depression. No current imaging studies were noted. His treatments were noted to include uncompleted acupuncture treatments; psychological evaluation and treatment; medication management. The pain management progress notes of 7-9-2015 noted a follow-up visit for complaints of bilateral upper extremity pain and left ear pain secondary to burn injury, for which his medications provide a 40% relief. Objective findings were noted to include: that he appeared fatigued and in pain; and discoloration and extensive scarring of skin. The physician's requests for treatments were noted to include a Ketamine compound cream.

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 Page(s): 111-112.

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. Topical Ketamine not recommended due to lack of evidence. It has only been studied for CRPS and herpetic neuralgia. The claimant does not have these diagnoses. Since the compound above contains topical Ketamine, the compound in question is not medically necessary.