

Case Number:	CM15-0147564		
Date Assigned:	08/10/2015	Date of Injury:	01/15/2014
Decision Date:	09/10/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	07/29/2015

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 30-year-old who has filed a claim for chronic neck, shoulder, wrist, and elbow pain reportedly associated with an industrial injury of January 15, 2014. In a Utilization Review report dated July 24, 2015, the claims administrator failed to approve a request for a ketamine-containing topical cream. The claims administrator referenced an RFA form dated July 17, 2015 in its determination. The applicant's attorney subsequently appealed. On August 24, 2015, the attending provider sent in an appeal letter reiterating his request for a ketamine-containing cream and Protonix. Non-MTUS ODG Guidelines were invoked. In a July 15, 2015 progress note, the applicant reported ongoing complaints of shoulder and upper extremity pain. The applicant's past medical history was noncontributory, it was reported. The applicant was on Protonix, a ketamine-containing cream, Norco, Elavil, Neurontin, baclofen, glucosamine, and vitamin, it was reported. Neurontin, Norco, a ketamine cream and Protonix were all renewed. The note was very difficult to follow and mingled historical issues with current issues. The applicant received trigger point injections and acupuncture over the course of the claim, it was reported. Work restrictions were endorsed. It was not clearly stated whether the applicant was or was not working with said limitations in place. The attending provider posited that the applicant's pain complaints were reduced from 7-8/10 without medications to 4- 5/10 with medications. It was stated that the ketamine-containing cream was being employed for neuropathic pain complaints about the elbow and hand. The applicant was given diagnoses of neck pain, shoulder pain, cervicobrachial syndrome, carpal tunnel syndrome and ulnar neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 5% cream 60g QTY: 1.00: Upheld

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

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

Decision rationale: No, the request for a topical ketamine cream 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 recommended in the treatment of neuropathic pain only in those individuals in whom all primary and secondary treatments have been exhausted. Here, however, the applicant's ongoing usage of oral gabapentin, an anticonvulsant adjuvant medication, effectively obviated the need for the ketamine cream in question. Therefore, the request was not medically necessary.