

Case Number:	CM15-0148567		
Date Assigned:	08/11/2015	Date of Injury:	04/02/2004
Decision Date:	09/08/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/30/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 52-year-old male who sustained an industrial/work injury on 4-2-04. He reported an initial complaint of back pain. The injured worker was diagnosed as having lumbar disc displacement. Treatment to date includes medication, surgery (lumbar laminectomy), and diagnostics. MRI results were reported on 2-25-14. Currently, the injured worker complained of chronic lower back pain reported at 7-8 out of 10 but medications reduce the pain at fifty percent. There is also anxiety and depression. Per the primary physician's report (PR-2) on 7-2-15, exam noted an antalgic gait with ambulation with a single point cane. The requested treatments include Ketamine cream 5% (60 grams).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine cream 5% (60 grams x 2): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The claimant has a remote history of a work injury occurring in April 2004 and continues to be treated for chronic back pain. Medications are referenced as decreasing pain by 50% with improved exercise and walking tolerance. When seen, medications included ketamine cream, which she was using on his back. Physical examination findings included an antalgic gait with use of a cane. Topical ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted and has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia. In this case, the claimant does not have a diagnosis of CRPS and there are other topical treatments that could be considered for his localized low back pain. The request is not medically necessary.