

Case Number:	CM15-0162283		
Date Assigned:	08/28/2015	Date of Injury:	01/30/2006
Decision Date:	09/30/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/18/2015

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: North Carolina
 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 68 year old female, who sustained an industrial injury on 1-30-06. The diagnoses have included pain in the joint of the lower leg status post left total knee arthroplasty and mononeuritis of the lower limb. Treatment to date has included medications, activity modifications, diagnostics, left knee surgery times two, Functional Restoration Program, Currently, as per the physician progress note dated 7-24-15, the injured worker complains of constant bilateral knee pain that increases with weight bearing and walking. She reports that the right knee is unstable and will give out on occasion. She also continues to report pain in the left knee following left total knee replacement. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the right knee, x-ray of the left knee and electromyography (EMG)-nerve conduction velocity studies (NCV) of the bilateral lower extremities. The current medications included Nucynta, Ketamine cream, Protonix, Lidoderm patch, and Trazodone. The objective findings-physical exam of the left knee reveals mild effusion, tenderness to palpation diffusely throughout the knee, decreased range of motion with flexion at 100 degrees and there is full extension on exam but it is painful. Work status is permanent and stationary. The physician requested treatment included Ketamine 5 Percent Cream 60 Gram quantity of 2 with No Refill RX 7-24-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 5 Percent Cream 60 Gram Qty 2 with No Refill RX 7/24/15: 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): 111-113.

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients (ketamine only indicated in CRPS), which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.