

Case Number:	CM15-0163539		
Date Assigned:	08/31/2015	Date of Injury:	11/10/2012
Decision Date:	09/30/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/20/2015

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:

The injured worker is a 33 year old male who sustained an industrial injury on 11-10-12. He had complaints of severe right arm pain and required surgical intervention. Treatment includes: medications, physical therapy and surgery. Progress report dated 1-14-15 reports persistent right upper extremity pain associated with numbness and weakness. The pain is made worse with gripping, chopping, use of upper extremity and colder weather. The pain is relieved by avoiding stated activities and medications including gabapentin and ketamine cream. Diagnoses include: fracture forearm, open wound forearm. Plan of care includes: refill medications and follow up in 6 weeks. Work status: working full time and is permanent and stationary with permanent disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request (DOS 7/14/2015) request for Ketamine cream 5% 60gr #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: According to the guidelines, topical Ketamine is under study: It is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia and both have shown encouraging results. In this case, the claimant had a fractured forearm with sequelae. The claimant's last examination did not have any neurological findings on exam only subjective complaints. The claimant was already on oral Gabapentin for symptoms. The request for topical Ketamine is not medically necessary.