

<b>Case Number:</b>	CM15-0180220		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	04/21/2006
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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: Montana, Oregon, Idaho  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 41 year old male, who sustained an industrial injury on 04-21-2006. He has reported subsequent low back and bilateral hip pain and was diagnosed with lumbar disc displacement, lumbar and left hip strain, greater trochanteric bursitis. Treatment to date has included oral and topical pain medication, physical therapy, lumbar epidural steroid injection and a home exercise program. Documentation shows that Ketamine cream was prescribed since at least 01-13-2015. Medications were noted to help decrease pain and improve function with increased tolerance for walking and standing. In a progress note dated 07-16-2015, the injured worker reported continued low back pain with radiation to the left lower extremity and persistent right hip pain. The physician indicated that the injured worker continued to utilize Norco and Ketamine cream as a topical neuropathic agent and to receive 40-50% pain decrease with the use of medications. Objective examination findings revealed spasms and guarding of the lumbar spine. The physician noted that an MRI of the right hip on 04-14-2015 showed osteonecrosis of the right femoral head with 80% of the articular surface of the femoral head involved. Surgical consultation was noted as being performed on 07-06-2015 with recommendation of a trial of physical therapy for iliopsoas tendinitis. The physician also noted that a recent MRI of the lumbar spine showed posterior disc protrusion at L5-S1 of 5-6 mm and severe left L5-S1 foraminal stenosis with impingement on exiting L5 nerve roots and that an anterior lumbar interbody fusion at L4-L5 and L5-S1 was recommended. The physician noted that a request for medically supervised weight loss program was being made and that it was imperative that the injured worker be able to lose weight in order to undergo necessary lumbar and right hip

surgery. Work status was documented as modified if available and totally temporarily disabled if modified is unavailable. A request for authorization of medically supervised weight loss program and Ketamine 5% cream 60 gm was submitted. As per the 08-28-2015 utilization review, the requests for medically supervised weight loss program and Ketamine 5% cream 60 gm were non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Medically supervised weight loss program: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Reference: Franz MJ, VanWormer JJ, Crain AL, Boucher JL, Histon T, Caplan W, Bowman JD, Pronk NP. Weight-loss outcomes: a systematic review and meta-analysis of weight-loss clinical trials with a minimum 1-year follow-up. *J Am Diet Assoc.* 2007 Oct; 107 (10): 1755-67.

**Decision rationale:** CA MTUS/ACOEM/ODG are silent on the issue of weight loss program. Review of the literature demonstrates recommendation of reduced caloric diet along with exercise program to promote weight loss. In this case, there is lack of documentation that the employee has adequately tried and failed self-weight loss, exercise and or diet, which is not present in this case. The request for a weight loss program is therefore not medically necessary and appropriate.

#### **Ketamine 5% cream 60gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Ketamine, Topical Analgesics.

**Decision rationale:** Per the CA MTUS regarding topical analgesics, Chronic Pain Medical Treatment Guidelines, Topical analgesics, page 111-112 "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. 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." In addition, the Chronic Pain Management Guidelines do not recommend Ketamine for the treatment of chronic pain. There is insufficient evidence to support the use of ketamine for the treatment of chronic pain. There are no quality studies that support the use of ketamine for chronic pain, but it is under study for CRPS. Therefore the determination is for non-certification. Therefore, the requested treatment is not medically necessary.