

Case Number:	CM15-0182084		
Date Assigned:	09/23/2015	Date of Injury:	05/19/2014
Decision Date:	11/03/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/16/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 injured worker is a 57 year old female, who sustained an industrial injury on 05-19-2014. She has reported injury to the neck, elbows, wrists, and hands. The injured worker has been treated for cervical strain; bilateral de Quervain tenosynovitis; left forearm strain; epicondylitis lateral, bilateral; tenosynovitis radial, bilateral; and bilateral carpal tunnel syndrome. Treatment to date has included medications, diagnostics, bracing, ice, heat, injection, acupuncture, physical therapy, and home exercise program. Medications have included Naproxen, Ibuprofen, and Cyclobenzaprine. A progress report from the treating physician, dated 06-25-2015, documented an evaluation with the injured worker. The injured worker reported that she continues to have bilateral upper extremity pain; the pain is described as a burning and tightness sensation in her bilateral forearms, right greater than left; she notes numbness and tingling in her fingers that is exacerbated by typing or gripping or grasping; she cannot identify specific relieving factors aside from rest; she has had one of 12 acupuncture sessions thus far; and she is not currently utilizing any medication; and she continues to work full duty. Objective findings included she is alert and oriented; and she does not exhibit acute distress. The treatment plan has included the request for retrospective Ketamine 5% cream, 60mg x 1 (date of service: 06-25-15). The original utilization review, dated 08-20-2015, non-certified a request for retrospective Ketamine 5% cream, 60mg x 1 (date of service: 06-25-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ketamine 5% cream, 60mg x1 (DOS: 6/25/15): 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: The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. The MTUS Guidelines do not recommend the use of ketamine for on-going pain. The literature has not demonstrated this medication to have sufficient benefit in this setting to outweigh its serious potential negative side effects, even in the topical form. There was no discussion detailing extenuating circumstances that sufficiently supported the requested medication. In the absence of such evidence, the current request for 60mg of a cream containing 5% ketamine for the date of service 06/25/2015 is not medically necessary.