

Case Number:	CM15-0184153		
Date Assigned:	09/24/2015	Date of Injury:	11/10/2012
Decision Date:	11/02/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/18/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 33-year-old male, who sustained an industrial injury on 11-10-2012. The injured worker is undergoing treatment for forearm fracture, open wound of forearm and limb pain. On 7-14-15, he reported persistent right upper extremity pain with associated numbness and tingling. He is noted to have benefit with Ketamine cream. On 8-11-2015, he reported right upper extremity pain that is made worse by gripping, chopping, and cold weather, and is associated with numbness and tingling. He is reported as utilizing Gabapentin for nerve pain and Ketamine as an adjunct, as well as Nabumetone on an as needed basis. He denied side effects with medications. Physical findings revealed no muscle atrophy in the right upper extremity. The treatment and diagnostic testing to date has included: 2 right forearm surgeries, medications, functional restoration program. Medications have included: Nabumetone, Ketamine cream, Gabapentin. Current work status: working full time, permanent and stationary with permanent disability. The request for authorization is for Ketamine cream 60-gram quantity 1. The UR dated 8-21-2015: non-certified Ketamine 60 grams quantity 1; certified Nabumetone 500mg quantity 90, and certified Gabapentin 600mg quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Katamine 60 gr Qty 1 (retrospective DOS 08/11/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Topical Analgesics.

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

Decision rationale: The MTUS guidelines on Topical Analgesics describe topical treatment as an option; however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS states specifically that any compound product that contains at least one drug (or class) that is not recommended is not recommended. Ketamine is listed by the MTUS as "under study" for 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, not all treatment options (to include other oral medications) have been exhausted, categorizing the requested compound as not recommended by the guidelines. The lack of evidence to support use of topical compounds as if the one requested coupled with the lack of evidence for failed treatment by other modalities makes the requested treatment not medically necessary.