

Case Number:	CM15-0191591		
Date Assigned:	10/05/2015	Date of Injury:	01/30/2006
Decision Date:	11/10/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/29/2015

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:

This injured worker is a 68 year old female, who sustained an industrial injury on 01-30-2006. The injured worker was diagnosed as having pain in joint low leg- status post left TKA 03-2013 and Mononeuritis lower limb NOS. On medical records dated 07-24-2015 and 08-21-2015, the subjective complaints were noted as chronic bilateral knee pain. No pain rating was mentioned. Objective findings were noted as having tenderness to palpation of bilateral knees. Treatments to date included medication and surgical intervention. The injured worker was noted to be permanent and stationary. Current medications were listed as Nucynta Er, topical Ketamine cream, Venlafaxine HCL Er, Trazodone, Lidoderm patch and Protonix. The Utilization Review (UR) was dated 09-16-2015. A request for Retro: Ketamine 5% cream 60gr #2 DOS: 7/24/15 and 8/21/15. The UR submitted for this medical review indicated that the request for Retro: Ketamine 5% cream 60gr #2 DOS: 7/24/15 and 8/21/15 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Ketamine 5% cream 60gr #2 DOS: 7/24/15 and 8/21/15: 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): Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Ketamine is under study and not recommended due to lack of evidence for leg pain. The claimant had also been on opioids and Tricyclics without mention of reduction in medications. Since the compound above contains these topical medications, the compound in question is not medically necessary.