

Case Number:	CM15-0193732		
Date Assigned:	10/07/2015	Date of Injury:	06/23/2000
Decision Date:	11/23/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/02/2015

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: Texas, New York, California
 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 applicant is a represented 57-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 23, 2000. In a Utilization Review report dated September 21, 2015, the claims administrator failed to approve a request for ketamine cream apparently prescribed and/or dispensed on or around August 31, 2015. The applicant's attorney subsequently appealed. On said August 31, 2015 office note, the applicant reported ongoing complaints of low back pain, at times severe. The applicant's medications included OxyContin, Lidoderm, and the ketamine cream at issue. The applicant had undergone an earlier failed lumbar fusion surgery, the treating provider acknowledged. In another section of the note, it was stated that the applicant was using Celexa, Pamelor, OxyContin, the ketamine cream in question, Lidoderm patches, aspirin, Celexa, Zestril, Lipitor, and progesterone. Permanent work restrictions were reviewed. It was suggested that the applicant was not working with said limitations in place. The ketamine containing cream and OxyContin were both renewed and/or continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine Cream 5% 50gm (DOS: 08/31/15): Upheld

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

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

Decision rationale: No, the request for a ketamine cream was not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, topical ketamine is deemed under study and only recommended treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Here, thus, the applicant's concomitant usage of numerous first line oral pharmaceuticals to include OxyContin, Pamelor, etc., effectively obviated the need for the ketamine cream in question. Therefore, the request was not medically necessary.