

Case Number:	CM15-0028175		
Date Assigned:	02/20/2015	Date of Injury:	09/15/2011
Decision Date:	03/31/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/13/2015

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: North Carolina, Georgia
 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 61 year old man sustained an industrial injury on 9/15/2011 when the door of a machine opened and, while attempting to shut it, his right arm was pulled back. Current diagnoses include brachial plexus lesions and pain in joint, shoulder. Treatment has included oral medications and surgical intervention. Physician notes dated 1/5/2015 show complaints of burning pain to the right upper extremity, mostly centered around the shoulder with coldness to the right hand. Recommendations include cervical sympathetic block, evaluation for functional restoration program, Nabumetone, which the worker has discontinued due to no effect, Ketamine cream, and follow up in six weeks. There is no rationale included for the Ketamine cream. On 1/27/2015, Utilization Review evaluated a prescription for Ketamine 5% cream 60 gm, that was submitted on 2/13/2015. The UR physician noted there are safety and efficacy concerns with the topical medication in dispute. Therefore, it is not recommended. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 5% cream 60gr qty: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 111-113.

Decision rationale: CA MTUS recommends limited use of topical analgesics. These are primarily recommended for neuropathic pain with antidepressants and antiepileptics have failed. CA MTUS specifically prohibits the use of agents which are not FDA approved for topical use. Ketamine is not FDA approved for topical application and there is not medically indicated.