

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0031750 | | |
| Date Assigned: | 02/25/2015 | Date of Injury: | 04/01/2002 |
| Decision Date: | 04/07/2015 | UR Denial Date: | 01/30/2015 |
| Priority: | Standard | Application Received: | 02/20/2015 |

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: New Jersey

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:

The injured worker is a 60 year old male, who sustained an industrial injury on 4/1/02. He has reported pain in the right arm, wrist, shoulder and neck related to repetitive trauma. The diagnoses have included carpal tunnel syndrome, neck pain, epicondylitis and joint pain. Treatment to date has included cervical MRI, EMG/NCV studies, chiropractic treatments and oral medications. As of the PR2 dated 12/19/14, the injured worker reports 5-7/10 pain in the bilateral hands and wrists. He has reported effective pain management with Ketamine cream. The treating physician requested to continue Ketamine %5 cream 60gm. On 1/30/15, Utilization Review non-certified a request for Ketamine %5 cream 60gm. The utilization review physician cited the MTUS guidelines for topical analgesics. On 2/19/15, the injured worker submitted an application for IMR for review of Ketamine %5 cream 60gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 5% cream 60mg QTY: 2.00 DOS 12/19/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113, 48.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine, p. 56 AND Topical Analgesics, Ketamine, p. 113.

Decision rationale: The MTUS Chronic Pain Guidelines state that ketamine is generally not recommended as there is insufficient evidence to support its use for the treatment of chronic pain and has been associated with frequent side effects. Topical ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. In the case of this worker, although he had been reporting some benefit with the use of ketamine cream for his neuropathic pain in his wrist and elbow, unfortunately, there was no evidence presented that he fulfilled the criteria for considering the use of this medication as there was no report of having tried and failed oral first line therapies for neuropathic pain such as gabapentin, in order to justify the use of ketamine. Since the Guidelines discourage its use until all therapies have already been tried, the ketamine cream will be considered medically unnecessary at this time.