

Case Number:	CM15-0036950		
Date Assigned:	03/05/2015	Date of Injury:	08/29/2003
Decision Date:	04/10/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/27/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 (IW) is a 53-year-old female, who sustained an industrial injury on August 29, 2003. She has reported injury after falling down a flight of stairs. The diagnoses have included reflex sympathetic dystrophy of the lower limb, and complex regional pain syndrome of the left foot with Achilles contracture. Treatment to date has included medications, physical therapy, and spinal cord stimulator. Currently, the IW complains of left foot symptomology. She reports doing well and indicates she has increased her activity and artwork at home. She reports doing some volunteering at a local elementary school, and is considering part-time work. She indicates her pain level is currently 4/10, with medications she rates pain as 2/10, and without medications 10/10. The records indicate physical therapy helped to increase her range of motion and decrease her risk of falling. The most current provider notes indicate she has increasing function and activity. On January 29, 2015, Utilization Review non-certified Ketamine cream 240cc and one pair of custom made boots. The MTUS, ACOEM, and ODG guidelines were cited. On February 23, 2015, the injured worker submitted an application for IMR for review of Ketamine cream 240cc, and one pair of custom made boots.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine cream 240cc: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, compounded.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ketamine cream 240mL is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are 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 not recommended except the treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. The exact mechanism of action remains undetermined. In this case, the injured worker's working diagnoses are CRPS left foot with Achilles contracture. The documentation states ketamine cream provide subjective relief over and above prior use with Lidoderm. Topical ketamine is not recommended except in the treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. There is no clinical indication through the documentation that all primary and secondary treatments have been exhausted. Consequently, absent clinical documentation with an exhaustion of all primary and secondary treatments, Topical ketamine cream 240 ML's is not medically necessary.

1 custom made boots: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle section, Orthotics.

Decision rationale: Pursuant to the Official Disability Guidelines, one pair custom-made boots are not medically necessary. Orthotic devices are recommended for plantar fasciitis and foot pain in rheumatoid arthritis. See the guidelines for additional details. In this case, the injured worker's working diagnoses are CRPS left foot with Achilles contracture. The documentation does not distinguish between custom-made boots and non-custom-made boots in the documentation. Additionally, the guidelines do not recommend custom-made boots for the treatment of complex regional pain syndrome with Achilles contracture. Consequently, absent clinical documentation with a clinical indication and rationale for a custom made (orthotic), one pair custom-made boots are not medically necessary.