

Case Number:	CM15-0042780		
Date Assigned:	03/12/2015	Date of Injury:	08/31/2011
Decision Date:	04/16/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/06/2015

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
 Certification(s)/Specialty: Emergency 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 was a 44 year old male, who sustained an industrial injury, August 31, 2011. The injured worker previously received the following treatments ketamine 6% cream 60 grams, Venlaflexine, Gabapentin, Orphenadrine, acupuncture, chiropractic services and physical therapy. The injured worker was diagnosed with status post right distal phalynx fracture, right thumb with neuropathic pain sacrum disorders, sciatica, major depression with recurrent episodes. According to progress note of January 7, 2015, the injured workers chief complaint was chronic low back pain. The injured worker rated the pain at 7-8 out of 10; 0 being no pain and 10 being the worse pain./ The pain was aggravated by heavy lifting, repetitive bending and walking for long periods. The injured worker had failed conservative treatment of acupuncture, chiropractic services and physical therapy. The treatment plan included a prescription renewal for ketamine 6% cream 60 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 6%, cream 60gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 49, 63, 111-113, 123.

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

Decision rationale: The requested Ketamine 6%, cream 60gm, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has chronic low back pain. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Ketamine 6%, cream 60gm is not medically necessary.