

Case Number:	CM15-0044157		
Date Assigned:	03/16/2015	Date of Injury:	02/27/2012
Decision Date:	04/16/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/09/2015

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: Arizona, California
 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 44 year old male, who sustained an industrial injury on February 27, 2012. The injured worker was diagnosed as having brachial plexus lesions, neck pain, cervicobrachial syndrome, tension headache, psychogenic pain, closed fracture of clavicle and long term use of medication. Treatment and diagnostic studies to date have included medication and acupuncture. A progress note dated February 26, 2015 the injured worker complains of chronic neck and right shoulder pain with radiation to right arm and hand. He reports pain is increased with activity and weather changes and decreased with medication and acupuncture. He also has headaches, anxiety and depression. Physical exam notes visual signs of pain and anxiety. Plan includes oral and topical medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 5% cream 60 grams, 2 containers: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: Topical Ketamine is under study. It is only recommended in refractory cases of neuropathic pain such as CRPS and post-herpetic neuralgia where other treatments have been exhausted. In addition, topical analgesics are intended for short-term use. The claimant had been on topical Ketamine for several months. In this case, the claimant does not have the above diagnoses and long term use with 2 refills is not medically necessary.