

Case Number:	CM15-0047766		
Date Assigned:	03/19/2015	Date of Injury:	01/15/2008
Decision Date:	05/01/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/13/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52-year-old female, who sustained an industrial injury on 01/15/2008. On provider visit dated 12/24/2014 the injured worker has reported neck and right arm pain. On examination she noted to have a decreased range of motion in her neck and right shoulder. The diagnoses have included pain in joint shoulder status post right shoulder surgery, pain in the joint upper arm- status post right elbow surgery. Treatment to date has included shoulder surgery for intersubstance tear of the distal supraspinatus, medication, lumbar MRI and an electro-myogram/nerve conduction studies. The provider prescribed Ketamine Cream that can be applied to right side of neck and above the trapezius muscle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective use of Ketamine 5% cream 60g #1: Upheld

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

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

Decision rationale: The 52-year-old patient suffers from pain in bilateral shoulders, hands, right knee, and low back, as per progress report dated 02/03/15. The request is for Prospective Use Of Ketamine 5% Cream 60 g # 1. The RFA with the appeal is dated 03/17/15, and the patient's date of injury is 01/15/08. The patient is status post right shoulder surgery in 2009 and May, 2014, and status post right elbow surgery in 2012, as per progress report dated 02/03/15. Diagnoses included pain in shoulder joint, pain in upper arm, disorders of sacrum, and sciatica. Medications included Naproxen, Ketamine 5% cream, Advair, Levothyroxine, Proair and Singulair. The patient's status has been determined as permanent and stationary. Regarding topical analgesics, MTUS, page 111, states that if one of the compounded product is not recommended then the entire compound is not recommended. MTUS guidelines further states "Other agents: Topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia, and both studies showed encouraging results. Topical clonidine has published reports in animal studies only. Topical gabapentin has no published reports." In this case, a prescription for Ketamine 5% cream is first noted in progress report dated 12/24/14, and the patient has been using the topical consistently since then. In UR appeal letter dated 03/11/15, after the UR denial date, the treating physician states that the patient is using Ketamine cream for neuropathic pain related bilateral moderate carpal tunnel syndrome as indicated by EMG dated 11/18/13. The physician also states that the patient continues to remain symptomatic in spite of oral medications, physical therapy, and injections, and Ketamine helps her "to complete her activities of daily living with decreased pain and increased function. She notes that this medication is helping her and adequately relieving her pain." MTUS, however, does not support the use of topical Ketamine due to lack of reliable and controlled studies. Hence, the request IS NOT medically necessary.

Retrospective use of Ketamine 5% cream 60g #1 (dos 12-24-14): Upheld

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

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

Decision rationale: The 52-year-old patient suffers from pain in bilateral shoulders, hands, right knee, and low back, as per progress report dated 02/03/15. The request is for Retrospective Use Of Ketamine 5% Cream 60 g # 1 (DOS 12-24-14). The RFA with the appeal is dated 03/17/15, and the patient's date of injury is 01/15/08. The patient is status post right shoulder surgery in 2009 and May 2014, and status post right elbow surgery in 2012, as per progress report dated 02/03/15. Diagnoses included pain in shoulder joint, pain in upper arm, disorders of sacrum, and sciatica. Medications included Naproxen, Ketamine 5% cream, Advair, Levothyroxine, Proair and Singulair. The patient's status has been determined as permanent and stationary. Regarding topical analgesics, MTUS, page 111, states that if one of the compounded product is not recommended then the entire compound is not recommended. MTUS guidelines further states "Other agents: Topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia, and both studies showed encouraging results. Topical clonidine has published reports in animal studies only. Topical gabapentin has no published

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