MAXIMUS Federal Services

Case Number:	CM15-0086490		
Date Assigned:	05/13/2015	Date of Injury:	02/06/2001
Decision Date:	06/24/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/05/2015

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 47 year old female, who sustained an industrial injury on 2/06/2001. Diagnoses include long term use meds and pain in joint ankle/foot. Treatment to date has included diagnostics, surgical intervention, physical therapy and medications including muscle relaxants, topical analgesics and opioids. Per the Primary Treating Physician's Progress Report dated 1/23/2015, the injured worker reported ongoing right ankle and foot pain without radiation. She reports muscle spasms and cramping that is made better with Soma. Objective findings describe her as in no acute distress, anxiety, confusion, fatigue, lethargy, pain, tearfulness or suicidal ideation. There was no edema or tenderness palpated in any extremity. The plan of care included the administration of medications and authorization was requested for Ketamine 5% cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ketamine 5% cream 60 gr with a dos of 1/23/2015: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine Page(s): 56,113.

Decision rationale: Per the 01/23/15 report the patient presents with ongoing right ankle and right foot pain radiating in the right calf s/p right ankle arthroscopic debridement 02/06/12. The 04/09/15 report states the patient experiences shooting pain in the right foot with some numbness and tingling. The current request is for RETROSPECTIVE KETAMINE 5% CREAM 60 GR WITH A DOS OF 01/23/15. The RFA included is dated 04/01/15. The patient is working. MTUS Guidelines page 56, chronic pain medical treatment guidelines for ketamine states, "Not recommended. There is insufficient evidence to support the use of ketamine for the treatment of chronic pain." MTUS page 113 also has the following regarding ketamine, "Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Topical ketamine has only been studied for use in non-controlled studies for CRPS 1 and post-herpetic neuralgia, and both have shown encouraging results."The requesting physician states the patient feels use of Ketamine cream provides adequate pain relief and allows the patient to concentrate on her job. The reports provided for review show the patient has been prescribed Ketamine since at least 08/19/14. On 04/09/15 the treater states the patient trialed Neurontin, Elavil, Darvocet, Naproxen, Flexeril, Zanaflex, Lidoderm cream and Lidoderm patch which were not beneficial for the patient, and that use of Ketamine decreases use of Norco and Relafen. It is further noted that the patient's medication regimen including Ketamine lowers pain from 9-10/10 to 6/10, and that the requested medication helps diminish neuropathic symptoms in the foot and allows her to walk with greater stability. In this case, the MTUS guidelines recommend use of Ketamine for neuropathic pain in refractory cases when primary and secondary treatment has been exhausted. The request IS medically necessary.