

Case Number:	CM15-0087384		
Date Assigned:	05/11/2015	Date of Injury:	02/06/2001
Decision Date:	06/12/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/06/2015

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: North Carolina

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 47-year-old female who sustained an industrial injury on 2/6/01. The injured worker was diagnosed as having pain in joint; ankle/foot. Currently, the injured worker was with complaints of right ankle and right foot discomfort. Previous treatments included oral pain medication, topical cream, oral muscle relaxant, status post arthroscopic debridement and lateral ankle stabilization (February 2012), physical therapy and home exercise program. Physical examination was notable for calf tightness and spasms. The plan of care was for medication prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Ketamine 5% cream 60 grams #1 (DOS: 2.20.15): Upheld

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 cream Page(s): 113.

Decision rationale: The California MTUS section on Ketamine cream states: 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 I and post-herpetic neuralgia and both have shown encouraging results. The exact mechanism of action remains undetermined.(Gammaitoni, 2000) (Lynch, 2005) See also Glucosamine (and Chondroitin Sulfate). The provided documentation for review does not meet these criteria and therefore the request is not medically necessary.