

Case Number:	CM14-0118893		
Date Assigned:	08/06/2014	Date of Injury:	09/01/2013
Decision Date:	10/07/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/29/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 29-year-old female who sustained a work related injury on 09/01/13. She reported chronic left upper extremity pain with persistent discomfort in her wrist. Range of motion of the left shoulder is limited in abduction at 135 degrees, forward flexion at 135 degrees, internal rotation at 75 degrees, external rotation at 90 degrees and adduction at 45 degrees, but not extension. Negative left shoulder MRI other than some tendinosis was noted. MRI of the left wrist dated 03/18/14 showed small ganglion cyst along the volar distal radius measuring approximately 6 x 3 x 6 mm in size. MRI of the left elbow dated 03/18/14 showed subtle findings, which might reflect mild common extensor tendinosis. Past medical history include stress induced seizures and asthma. She had arthroscopic surgery on the left shoulder on 06/26/14 with [REDACTED]. She did not tolerate buprenorphine, so she discontinued it. She continues to take Gabapentin, Orphenadrine, and Nabumetone as directed, which were effective for pain relief and improved sleep. She applied topical capsaicin cream with some benefit and also has taken Protonix for GI prophylaxis. She was undergoing acupuncture and had received authorization for 12 more visits. She was prescribed Ketamine topical cream to use before and after post-op PT sessions; however, she had not started her PT sessions yet. Diagnoses were shoulder joint pain, hand joint pain and ulnar nerve injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 5% cream 60gr x 2 refills: 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 Page(s): 56,113.

Decision rationale: Per guidelines Ketamine is not recommended. There is insufficient evidence to support the use of ketamine for the treatment of chronic pain. There are no quality studies that support the use of ketamine for chronic pain, but it is under study for CRPS. Ketamine is under study for topical use and is 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. In this case, there is no documentation of a diagnosis of neuropathic pain such as post-herpetic neuralgia or CRPS refractory to standard treatments. Thus the request is not medically necessary according to guidelines.