

Case Number:	CM14-0146495		
Date Assigned:	09/12/2014	Date of Injury:	08/02/2012
Decision Date:	10/24/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/09/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 45 year old male injured on 08/10/12 due to undisclosed mechanism of injury. Neither the specific injury sustained nor the initial treatments rendered were addressed in the clinical documentation submitted for review. The injured worker was status post left shoulder surgery on 03/27/14 with continued complaints of neck, back, shoulder, and left upper extremity pain. The injured worker also complained of numbness in the left hand and swelling in the wrist. Diagnoses included sprains and strains of the neck and thoracic spine, lumbar disc displacement without myelopathy, and pain in the shoulder joint. Physical examination revealed antalgic gait, muscle tone without atrophy in bilateral upper extremities and lower extremities, muscle strength 4/5 in left upper extremity abduction, decreased lumbar spine range of motion, severe spasm palpable in the left lumbar paraspinal musculature and right lower thoracic musculature, decreased left shoulder range of motion, and tenderness to palpation of the left lower anterior chest wall. Physical examination of the left arm revealed tenderness to palpation of the medial and lateral epicondyles and over the proximal forearm, negative Tinel at the elbow and wrist, inability to perform Phalen test due to pain in the left shoulder, positive Finklestein with radiation of pain in the proximal forearm up to the elbow, difficulty making a fist with the left hand, and strength in the right hand 5/5. Medications included diclofenac sodium 1.5% applied to the skin TID, ketamine 5% cream applied TID, and oxycodone 5mg taken one half to one tablet BID. The injured worker reported oxycodone decreased pain by approximately 30% without side effects. The initial request was non-certified on 09/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamin 5% cream 60 gr: 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 Analgesics Page(s): 111.

Decision rationale: The safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Further, CAMTUS, Food and Drug Administration, and Official Disability Guidelines require that all components of a compounded topical medication be approved for transdermal use. 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. Therefore Ketamine 5% cream 60 gr cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.