MAXIMUS Federal Services

Case Number:	CM14-0161337		
Date Assigned:	10/06/2014	Date of Injury:	02/05/2005
Decision Date:	11/06/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/01/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 46-year-old male who reported an injury on 02/05/2005T while setting up doors that involved lifting the doors, putting them a table, and pushing them around with each door weighing about 50 to 65 pounds. The repetitive task strained his back. The injured worker complained of lower back pain and radicular pain to the lower extremities. The injured worker had diagnoses of lumbar disc displacement without myelopathy. The diagnostics to the lumbar spine included x-ray dated 01/19/2006 with unremarkable views of the lumbar spine. The electromyogram of the bilateral lower extremities dated 05/27/2005 was within normal limits, no evidence of lumbosacral radiculopathy or peripheral nerve compression. The MRI of the lumbar spine dated 02/15/2005 revealed neural foraminal annular fissure and disc protrusion causing narrowing of the infraneuroforamen and lateral recess. The conus appropriately terminates at L1-2 and is normal in caliber. Fatty marrow is compatible with the injured worker's history of osteopenia. The prior treatments included psychological therapy, TENS Unit, physical therapy, epidural steroid injection, Functional Restoration Program, water exercises, the use of swimming pool, chiropractic therapy, and medication. The medications included Relafen, ketamine, clonazepam, benazepril, Dexilant. The injured worker rated his pain 8/10 using the VAS. The physical evaluation dated 08/14/2014 showed the injured worker did not exhibit acute distress, anxiety, frustration, fatigue, pain, tearfulness. No abnormalities observed. Musculoskeletal normal tone without atrophy to the bilateral upper extremities and bilateral lower extremities. The strength to the bilateral lower extremities revealed a 5/5. The treatment plan included the ketamine lotion. The Request for Authorization dated 09/02/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine Cream 5% 60gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 113.

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

Decision rationale: The request for ketamine cream 5% 60 grams is not medically necessary. The California MTUS Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the use of Ketamine it is under study and is only recommended in treatment of neuropathic pain which is refractory to all primary and secondary treatment. The guidelines indicate that ketamine is under study and is only recommended for the treatment of neuropathic pain. The clinical notes were not evident of the injured worker having neuropathic pain. The objective findings did not correlate with the subjective complaints. The request did not address the frequency or the dosage (of the medication?). As such, the request is not medically necessary.