

Case Number:	CM14-0175376		
Date Assigned:	10/28/2014	Date of Injury:	04/06/2011
Decision Date:	12/09/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	10/23/2014

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, has a subspecialty in Interventional Spine 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 patient is a 38 year old with an injury date on 4/6/11. Patient complains of low lumbar pain radiating down bilateral legs, right > left side, and numbness in left toes/side of left foot with overall pain rated 8/10 without medications and 5-6/10 with medications per 8/29/14 report. Patient has recently lost 15 pounds with the weight loss program, but [REDACTED] would like her to lose 70 pounds to do lumbar surgery per 8/29/14 report. Based on the 8/29/14 progress report provided by [REDACTED] the diagnoses are: 1. disorder lumbar disc with myelopathy 2. lumbar disc displacement Exam on 8/29/14 showed "decreased range of motion of L-spine, with flexion at 30 degrees. Positive straight leg raise." Patient's treatment history includes a weight loss program, urine drug screen, medications (Norco is effective), aquatherapy, home exercise program, shower chair. [REDACTED] is requesting ketamine 5% cream 60gr Qty: 4. The utilization review determination being challenged is dated 9/29/14. [REDACTED] is the requesting provider, and he provided treatment reports from 4/25/14 to 8/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 5% Cream 60gr QTY: 4.00: 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 Ketamine Infusion Page(s): 56.

Decision rationale: This patient presents with lower back pain, and bilateral leg pain. The treater has asked for Ketamine 5% cream 60gr Qty: 4 "applied to the lumbar" on 8/29/14. Regarding Ketamine, California MTUS states it is 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 complex regional pain syndrome (CRPS) I and post-herpetic neuralgia and both have shown encouraging results. The exact mechanism of action remains undetermined. In this case, the patient does not present with CRPS or post-herpic neuralgia. There is no evidence patient has failed a trial of any other topical analgesic. The requested retrospective request for ketamine is not indicated. Treatment is not medically necessary and appropriate.