

Case Number:	CM14-0087235		
Date Assigned:	07/23/2014	Date of Injury:	07/08/2009
Decision Date:	09/22/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/10/2014

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 Florida. 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 was a 35-year-old with a reported date of injury on July 8, 2009. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include right thoracic outlet syndrome, right ulnar median neuropathy, and tendonitis of the right shoulder joint. Her previous treatments were noted to include physical therapy, cortisone injection, surgery, brace, and medications. The progress note dated April 18, 2014 revealed complaints of pain. The physical examination revealed right scalene tenderness, Tinel's with percussion over the brachial plexus. There was mild decreased range of motion of the cervical spine and hypesthesia in the C8 dermatome on the right. The Request for Authorization form was not submitted within the medical records. The request was for compound cream ketamine 3%; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 3% compound cream: 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 injured worker complains of postoperative pain. The California Chronic Pain Medical Treatment Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The guidelines state topical NSAIDs are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Ketamine is under study and is only recommended in the treatment for neuropathic pain, which is refractory to all primary and secondary treatment. The guidelines do not recommend ketamine only for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. There is a lack of documentation regarding neuropathic pain in which all primary and secondary treatment have been exhausted; and therefore, topical ketamine is not appropriate at this time. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request for Ketamine 3% compound cream is not medically necessary or appropriate.