

Case Number:	CM14-0143255		
Date Assigned:	09/10/2014	Date of Injury:	08/01/2006
Decision Date:	01/05/2015	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	09/04/2014

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 Management and is licensed to practice in Tennessee. 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 44-year-old female who has submitted a claim for neck pain, elbow and forearm sprain / strain, tenosynovitis of right radial styloid, shoulder sprain / strain, and left hemiparesis associated with an industrial injury date of 8/1/2006. Medical records from 2013 to 2014 were reviewed. The patient complained of neck pain radiating to the right upper extremity. She reported aching, numbness, heaviness and throbbing sensation at the right arm. The pain was rated 7/10 and relieved to 4/10 with medication use. She was able to perform laundry and cooking with ketamine use. Physical examination showed tenderness over the cervical spine and right forearm. EMG of bilateral upper extremities, dated 4/4/2007, demonstrated C7 radiculopathy on the right. Treatment to date has included Gabapentin, Cymbalta, and Naproxen, Fluoxetine, Pantoprazole, Cyclobenzaprine and Ketamine cream (since July 2014). The utilization review from 8/4/2014 denied the request for Ketamine 5% cream 60 gm, qty 2 because of limited published studies concerning its efficacy and safety. There was also no documentation of the patient's intolerance to first-line therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 5% cream 60gm QTY 2: Overturned

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: As stated on pages 111-113 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. In this case, the patient complained of neck pain radiating to the right upper extremity. Clinical manifestations are consistent with neuropathic pain. The patient's symptoms persisted despite Gabapentin and Cymbalta hence initiation of Ketamine cream prescription. The pain was relieved from 7/10 to 4/10 with Ketamine use. She was also able to perform laundry and cooking. The medical necessity for continuing its prescription has been established. Therefore, the request for Ketamine 5% cream 60 gm, qty 2 is medically necessary.