

Case Number:	CM14-0211550		
Date Assigned:	12/24/2014	Date of Injury:	04/06/2011
Decision Date:	02/24/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 38-year-old female with a 4/9/11 date of injury. At the time (11/13/14) of request for authorization for Ketamine 5% cream 60gm, there is documentation of subjective (low back pain radiating to both legs) and objective (tenderness over the L4-5 spinous processes with spasm, decreased lumbar range of motion, positive slump test, positive straight leg raising test, decreased sensation in the L5 and S1 distributions, and 4/5 iliopsoas strength) findings, current diagnoses (intervertebral disc disorder with myelopathy), and treatment to date (medications including ongoing treatment with Ketamine, Topamax, and Lyrica), physical therapy, chiropractic therapy, and acupuncture). Medical report identifies that Ketamine cream prevents escalation of dosage of other medications. There is no documentation that antidepressants and anticonvulsants have failed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 5% cream 60gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 55-56. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of neuropathic pain when trial of antidepressants and anticonvulsants have failed, as criteria necessary to support the medical necessity of topical analgesics. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of a diagnosis of intervertebral disc disorder with myelopathy. In addition, there is documentation of neuropathic pain. Furthermore, given documentation that Ketamine cream prevents escalation of dosage of other medications, there is no documentation of functional benefit and improvement as a reduction in the use of medications as a result of Ketamine cream use to date. However, given ongoing treatment with Topamax and Lyrica, there is no documentation that antidepressants and anticonvulsants have failed. Therefore, based on guidelines and a review of the evidence, the request for Ketamine 5% cream 60gm is not medically necessary.