

Case Number:	CM14-0212386		
Date Assigned:	01/02/2015	Date of Injury:	01/15/1996
Decision Date:	03/03/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/18/2014

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 54 year old female who was injured on 1/15/1996. The diagnoses are left shoulder, neck and low back pain. The patient completed PT, biofeedback, TENS unit use and steroid injections treatments. The past surgery history is significant for multiple back procedures and shoulder surgery. On 11/6/2014, [REDACTED] noted subjective complaint of a pain score of 6/10 on a scale of 0 to 10. The significant objective findings were limitation of spinal range of motion by pain and tenderness to palpation of paraspinal muscles. The neurological and sensory tests are normal. The medications listed are Pain cream containing ketoprofen 5% cyclobenzaprine 1% gabapentin 6% lidocaine 2% menthol 2% and Compound topical cream TID of unspecified contents. A Utilization Review determination was rendered on 11/24/2014 recommending non certification for Ketamine HCL compound.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine HCL compound: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound drugs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesics

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical compound analgesics can be utilized for the treatment of localized neuropathic pain when treatment with first line orally administered anticonvulsant and antidepressant medications have failed. Compound topical products other than Lidocaine as Lidoderm are recommended for trial as third line options for neuropathic pain because the efficacy is still being investigated. The records did not show that the patient had subjective and objective findings consistent with a diagnosis of localized neuropathic pain. The diagnoses are shoulder, cervical and lumbar spine skeletal pain. There is no documentation of failure of first line medications. The patient is also utilizing other topical analgesic products concurrently. The criteria for the use of Ketamine HCL compound was not met.