MAXIMUS Federal Services

Case Number:	CM14-0213223		
Date Assigned:	12/30/2014	Date of Injury:	08/01/2013
Decision Date:	02/23/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/19/2014

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, Washington
Certification(s)/Specialty: Physical Medicine & Rehabn, 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 injured worker is a 33-year-old male who reported an injury on 08/01/2013. The mechanism of injury was preventing a fall. His diagnoses were noted to include lumbar disc displacement without myelopathy, disorder NEC/NOS lumbar disc, and pain psychogenic NEC. His past treatments were noted to include medication, surgical intervention, epidural steroid injection, home exercise program, and physical therapy. His diagnostic studies were noted to include an official MRI of the lumbar spine, performed on 09/25/2013, which was noted to reveal mild diffuse subligamentous posterior protrusion of the L5-S1 disc, more prominent on the right than the left, where the disc abuts the anterior aspect of the right S1 nerve root. His surgical history was noted to include a lumbar epidurogram, performed on 06/17/2014. During the assessment on 10/13/2014, the injured worker complained of chronic low back pain. He reported that with increased activity, the pain rises to an 8/10 on the VAS, but normally the pain remained a 5/10. He indicated that pushing, pulling, standing for prolonged periods, and walking aggravated his pain. The physical examination revealed tenderness to palpation of the lumbosacral junction. His range of motion was decreased by 60% with flexion, 70% with extension, and 50% with rotation bilaterally. His sensations were decreased to light touch along the right lateral calf and right anterior thigh compared to the leg lower extremity. There was a positive straight leg raise at the right lower extremity, about 50 degrees compared to the left lower extremity. His medications were noted to include ketamine 5% cream 60 g and ibuprofen 600 mg. The treatment plan was to continue with conservative pain management. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Ketamine 5% cream 60gm dispensed on 10/13/2014; for chronic low back pain: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The request for Ketamine 5% cream 60 gm dispensed on 10/13/2014. The California MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that any compounded product that contains at least 1 drug that is not recommended is not recommended. In regard to ketamine, the guidelines state that it is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. There was a lack of subjective complaints of neuropathic pain and adequate documentation regarding the failure of antidepressants and anticonvulsants. There was no rationale indicating why the injured worker would require a topical cream versus oral medication. The quantity, frequency, and application site for the proposed medication were also not provided. Given the above, the request is not medically necessary.