

Case Number:	CM14-0219283		
Date Assigned:	01/09/2015	Date of Injury:	06/01/2010
Decision Date:	03/06/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/31/2014

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker is a 68 year old female, who sustained an industrial injury on 06/01/2010. She has reported neck, right shoulder, and upper back pain with stiffness and spasm. The diagnoses have included cervical spondylosis without myelopathy, pain in joint shoulder-right with RCT and impingement status post right distal radius fracture, and cervical spinal stenosis. Treatment to date has included medications, activity modifications, home exercise program, surgical intervention, and physical therapy. Currently, the Injured Worker complains of neck and right shoulder pain with radiation into the left upper extremity, difficulty sleeping, headaches, and pain in the right shoulder. She reported complaints of dizziness, balance problems, and poor concentration, for which she is followed by a neurologist. MRI of the right shoulder, dated 06/18/2014, revealed right shoulder full thickness tear of the supraspinatus tendon. The Injured Worker has had 12 sessions of physical therapy and has had excellent pain relief and reported 90% improvement in the neck pain with the first part of the therapy, during which traction-type exercises were performed. The Injured Worker is scheduled for a surgical consultation for the right shoulder, as well as a GI consultation. Current medications are listed to include Tramadol, Ketamine 5% Cream, Diclofenac sodium topical, Topamax, and Tagamet. On 12/08/2014 Utilization Review non-certified 1 Tube of Ketamine 5% Cream, noting the medication is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. The MTUS, ACOEM Guidelines, (or ODG) was cited. On 12/11/2014, the injured worker submitted an application for IMR for review of 1 Tube of Ketamine 5% Cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 5% cream 1 tube: 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: Ketamine 5% cream 1 tube is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Ketamine is under study. The guidelines state that this is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia and both have shown encouraging results. The documentation does not indicate that the patient has exhausted primary and secondary treatment for neuropathic pain therefore the request is not medically necessary.