

Case Number:	CM14-0056708		
Date Assigned:	07/09/2014	Date of Injury:	06/14/2002
Decision Date:	03/25/2015	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	04/28/2014

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 67 year old female who sustained an industrial injury on 06/14/02. She reports neck, upper extremity, and low back pain. Treatments to date include carpal tunnel and trigger finger surgeries, lumbar spine surgery, lumbar ESI, sacroiliac joint injection, failed spinal cord stimulator trial, and functional restoration program. Diagnoses include sacroiliitis, lumbar spondylosis, and post laminectomy syndrome. In a progress note dated 02/05/14, the treating provider reports the treatment plan consists of functional restoration program and medications. On 04/22/14 Utilization review non-certified Ketamine and Soma, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 5% cream 60 grams: 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, p113.

Decision rationale: The claimant has a remote history of a work injury occurring more than 10 years ago and continues to be treated with diagnoses including post laminectomy syndrome. Treatments have included a spinal cord stimulator trial and functional restoration program. Topical ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted and has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia. In this case, the claimant does not have a diagnosis of CRPS and therefore the requested ketamine cream is not medically necessary.

Soma 350mg QTY 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Page(s): 29.

Decision rationale: The claimant has a remote history of a work injury occurring more than 10 years ago and continues to be treated with diagnoses including post laminectomy syndrome. Treatments have included a spinal cord stimulator trial and functional restoration program. It is its primary active metabolite and the Drug Enforcement Administration placed carisoprodol into Schedule IV in January 2012. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety, and abuse has been noted for its sedative and relaxant effects. There are other medications and treatments considered appropriate in the treatment of her condition.