

Case Number:	CM15-0108985		
Date Assigned:	06/15/2015	Date of Injury:	06/01/2010
Decision Date:	07/14/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/05/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, 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:

This is a 52 year old female with a June 1, 2010 date of injury. A progress note dated April 9, 2015 documents subjective findings (upper extremity pain; left elbow very painful on the lateral aspect; some radiation of pain into the left three middle fingers and base of the thumb; pain in the left shoulder; pain in the right elbow because she is compensating for the left side), objective findings (normal muscle tone without atrophy in all extremities; positive Tinel sign over the carpal tunnel bilaterally; 10 millimeter two point discrimination in the left thumb and 8 millimeter in the right thumb; 6-8 millimeter two-point discrimination in the second through lateral aspect of the fourth digit; 4 millimeter in the fifth digit and medial aspect of the fourth digit), and current diagnoses (cervicobrachial syndrome; bilateral carpal tunnel syndrome). Treatments to date have included medications, electromyogram (January 23, 2015; showed normal findings), wrist braces, imaging studies, and carpal tunnel injection (no improvement). The treating physician documented a plan of care that included Ketamine topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 5% 60 gm Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Ketamine, a topical analgesic, is not recommended by MTUS guidelines. Based on the above, Ketamine cream 60gm is not medically necessary.