

Case Number:	CM15-0011283		
Date Assigned:	01/28/2015	Date of Injury:	03/31/2009
Decision Date:	03/18/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/20/2015

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: Ohio, North Carolina, Virginia
 Certification(s)/Specialty: Family Practice

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 54 year old female, who sustained an industrial injury on 3/31/2009. She has reported back pain with radiation to lower extremity. Electromyogram studies completed 11/11/14 reported normal bilateral wrist and normal bilateral lower extremity results without evidence for radiculopathy. The diagnoses have included failed back syndrome, myofascial pain, idiopathic progressive polyneuropathy, chronic pain syndrome, and facet mediated pain. There was documentation of a past medical history including fibromyalgia. Treatment to date has included Norco, Gabapentin, physical therapy, chiropractic treatment, lumbar epidural steroid injections, medial branch blocks, two level spinal fusion 4/8/10, and insertion of a spinal pain stimulator. Currently, the IW complains of low back pain with radiation to the leg rated 6/10 VAS with improvement documented from use of implanted pain stimulator down to 3-4/10. Physical examination from 1/22/15 documented normal gait, negative straight leg raise, and painful extension and rotation bilaterally, tender lumbar muscles and gluteal muscles bilaterally. The Medtronic sensor was re-set on the previous visit on 12/14. Plan of care included continuation of medications with plans to taper. On 12/23/2014 Utilization Review non-certified Ketamine Hydrochloride Compound 240 Grams, QTY #1, noting the medical records submitted for review were insufficient. The MTUS Guidelines were cited. On 1/20/2015, the injured worker submitted an application for IMR for review of Ketamine Hydrochloride Compound 240 Grams, QTY #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine Hydrochloride compound 240gm: Upheld

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

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

Decision rationale: Ketamine: Under study: 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 exact mechanism of action remains undetermined. In this instance, the intended site of application of the ketamine is unclear from the provided records. The clinical exam shows no evidence of neuropathic pain per the qualified medical examiner report from 11-11-2014. The injured worker's pain has improved from 7/10 to a 3/10 with a combination of medication and a spinal cord stimulator. It is unclear, therefore, that she actually has neuropathic pain. She is not said to have post-herpetic neuralgia or chronic regional pain syndrome. Her pain condition is not refractory either. Pain levels are markedly reduced with current treatment. Hence, Ketamine Hydrochloride compound 240gm is not medically necessary.