

Case Number:	CM15-0114100		
Date Assigned:	06/22/2015	Date of Injury:	11/10/2012
Decision Date:	07/21/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/12/2015

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: Arizona, California
 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 was a 33 year old male, who sustained an industrial injury, November 10, 2012. The injured worker previously received the following treatments function restoration program, Ketamine 5% cream, Gabapentin tablets, Nabumetone, 2 surgical repairs of fracture to the right forearm. The injured worker was diagnosed with pain in the limb, fractured forearm open reduction and open wound of the forearm complicated (healed). According to progress note of May 5, 2015, the injured worker's chief complaint was right arm and hand. The injured worker reported slight improvement in the right arm. The injured worker had some pain, which was adequately managed with the use of Nabumetone, Gabapentin and Ketamine cream. The injured worker reported significant numbness in the dorsum of the right hand. The physical exam noted minimal range of motion to the right wrist activity. Passively had significant restriction in terms of flexion, extension, radial deviation and ulnar deviation. The injured worker had full extension of the fingers. The intrinsic muscle of the hand on the right side was quite weak. There was significant numbness in the dorsum of the right hand. The surgical scars were well healed to the right forearm. There was moderate decrease in grip strength on the right verses the left. The treatment plan included prescriptions renewals for Ketamine 5% cream and Gabapentin tablets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 5% cream 60 g, Qty 1 (retrospective DOS 5/5/15): 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 analgesic Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Ketamine is not recommended due to lack of evidence. Topical Ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia. The claimant does not have these diagnoses. As a result, the topical Ketamine in question is not medically necessary.