MAXIMUS Federal Services

Case Number:	CM15-0117303		
Date Assigned:	06/26/2015	Date of Injury:	11/01/1998
Decision Date:	08/25/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/17/2015

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 York
Certification(s)/Specialty: Pediatrics, Internal 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 55 year old female, who sustained an industrial injury on November 1, 1998. There were no noted previous injuries or dates of injury. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having pain in joint, lower leg. On March 11, 2215, the urine drug screen from October 13, 2014 was positive for benzodiazepines and negative for all other entities, including opiates. The Controlled Substance Utilization Review and Evaluation System (CURES) report showed she was only receiving medication from this provider's office. On April 4, 2015, the treating physician noted that the confirmatory urine drug screen from the prior visit was negative for opiates, which was just below the cut off limit and was consistent with the injured worker's use of Norco. In addition, the positive benzodiazepines result was consistent with her reported Ativan from another provider. Surgeries include: multiple right knee including arthroscopic and tibial osteotomy. Treatment to date has included postoperative physical therapy and medications including opioid analgesic, topical analgesic, antianxiety, and sleep. Comorbid diagnoses included history of depression. On May 5, 2015, the injured worker complains of chronic bilateral knee pain. She reports slight improvement of the right knee pain due to transcutaneous electrical nerve stimulation (TENS) unit use. She complains of ongoing bilateral feet and toes swelling, which is primarily in the second through fifth toes. The swelling has been constant for several months. Her right knee pain radiates into the sole of her foot. The right knee pain worsens with ambulation and improves with rest and medication. Her pain level is 8/10 and decreases to 3/10 with use of the transcutaneous electrical nerve stimulation (TENS) unit. She

uses her bilateral compression stockings, which help with the swelling. She takes Norco three times per day with a 50% decrease in pain, which allows her to work full time. The Ketamine cream provides excellent benefit to her knee surgical scar hyperalgesia. The physical exam revealed an antalgic gait, normal muscle tone and strength of the right lower extremity, 1+ pitting edema with visible swelling in the second to fifth toes. Her work status is restricted: no kneeling, crawling, or squatting. No prolonged sitting or standing with provision for alternate sitting and standing as needed. No climbing ladders and to avoid climbing stairs if possible. Requested treatments include: Hydrocodone and 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 60g #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: Ketamine Page(s): 113.

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS) guidelines, topical Ketamine may have some utility in treatment of neuropathic pain per limited studies, and only "in refractory cases in which all primary and secondary treatment has been exhausted". The documentation shows the injured worker's use of topical Ketamine for the relief of hyperalgesia of the surgical scar on her knee has been beneficial, but there was no documentation of specific objective improvement. There was lack of evidence of failure of all primary and secondary treatment. Therefore, the request for Ketamine 5% cream is not medically necessary.