

Case Number:	CM15-0122437		
Date Assigned:	07/06/2015	Date of Injury:	09/28/2012
Decision Date:	09/01/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/25/2015

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 42 year old female, who sustained an industrial injury on 9/28/2012. The current diagnosis is carpal tunnel syndrome. According to the progress report dated 4/10/2015, the injured worker complains of right upper extremity pain. The level of pain is not rated. The physical examination of the right wrist reveals tenderness with palpation. Her current medications are Gabapentin, Nabumetone, Pantoprazole, Voltaren gel, and Ketamine cream (since at least 2/13/2015). Per notes, she has stopped taking oral pain medication. Treatment to date has included medication management, x-rays, MRI studies, acupuncture, electrodiagnostic testing, and right carpal tunnel injection. She reports that since the injection the pain into her hand has decreased and she has improved sensation in her fingers. She is currently on modified duty at work, restricted to five hours of work per day. A request for Ketamine cream has been submitted.

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, #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): 111-113.

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, Ketamine is 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 case, the CA MTUS only recommended Ketamine for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. However, the submitted medical records failed to provide documentation regarding neuropathic pain and/or diagnosis that would support the use of Ketamine cream. In addition, the records do not provide sufficient evidence that all primary and secondary treatment has been exhausted. Therefore, based on CA MTUS guidelines and submitted medical records, the request for Ketamine cream is not medically necessary.