

Case Number:	CM15-0147037		
Date Assigned:	09/29/2015	Date of Injury:	10/05/2006
Decision Date:	11/10/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/28/2015

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: California

Certification(s)/Specialty: Emergency 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 48-year-old male who sustained an industrial injury on 10/05/2006. Current diagnoses include lumbar disc displacement without myelopathy, sciatica, and sacrum disorder. Report dated 07-10-2015 noted that the injured worker presented with complaints that included low back pain. The injured worker stated that medications including Ketamine cream and Norco help with pain and function. Pain level was not included. Physical examination performed at the previous appointment revealed spasms and guarding in the lumbar spine, and positive bilateral straight leg raise. Previous diagnostic studies included MRI's of the lumbar spine in 2006 and 2012. Previous treatments included medications, physical therapy, acupuncture, injections, and radiofrequency ablation. The injured worker uses the Ketamine cream for neuropathic pain. The treatment plan included request for reconsideration of Norco and Ketamine cream. The utilization review dated 07-20-2015, non-certified the request for 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 Percent Cream 60 Grams #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The request is for ketamine 5% cream, which is a topical compound applied to the skin. Topical analgesics are recommended as an option in specific situations, and are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As a topical agent, 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 chronic regional pain syndrome (CRPS I) and post-herpetic neuralgia and both have shown encouraging results. The exact mechanism of action remains undetermined. About the injured worker, there is no documentation of failure of primary and second line treatments, nor is there a diagnosis of CRPS or post-herpetic neuralgia. The medical benefit is unclear, and therefore, the request as submitted is not medically necessary.