

Case Number:	CM15-0171263		
Date Assigned:	09/11/2015	Date of Injury:	10/02/2008
Decision Date:	10/15/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/31/2015

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: Physical Medicine & Rehabilitation

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 46 year old female, who sustained an industrial injury on 10-02-2008. Diagnoses include brachial plexus injury, reflex sympathetic dystrophy, cervical spondylosis without myelopathy and rotator cuff rupture. Treatment to date has included surgical intervention (rotator cuff surgery, undated), diagnostics, stellate ganglion block, medications, acupuncture and cognitive behavioral therapy. Electrodiagnostic study of the upper extremities dated 6-20-2012 is described by the evaluating provider as grossly normal. Current medications include Ketamine cream, Tramadol and Gralise. Per the Primary Treating Physician's Progress Report dated 7-28-2015, the injured worker presented for follow-up of bilateral upper extremity pain. She reported pain in both upper extremities with burning numbness and tingling, right side greater than left. Objective findings included normal muscle tone without atrophy in the bilateral upper extremities. There is not documentation per the medical records submitted of improvement in symptomology, increase in activities of daily living or decrease in pain level with the current medication regimen. The injured worker has been prescribed Ketamine since at least 5-20-2015. Work status was permanent and stationary. The plan of care included medications and authorization was requested on 7-30-2015 for Ketamine 5% cream 50 gm, Tramadol 50mg #90 and Gralise ER 600mg. On 8-06-2015, Utilization Review non-certified the request for Ketamine 5% cream 50 gm based on lack of medical necessity.

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, Qty: 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 patient presents on 07/28/15 with bilateral upper extremity pain and associated burning, numbness, tingling, and weakness in the affected extremities. The patient's date of injury is 10/02/08. Patient is status post rotator cuff surgery at a date unspecified. The request is for Ketamine 5% cream 60 grams Qty: 1. The RFA is dated 07/30/15. Physical examination dated 07/28/15 does not include any abnormal findings. The patient is currently prescribed Tramadol, Gralise, Topical Ketamine, and Albuterol. Patient is currently classified as permanent and stationary with a permanent disability. MTUS Guidelines, Topical Analgesics section, page 113, under Ketamine has the following: "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." Regarding topical analgesics, MTUS, page 111, states that if one of the compounded product is not recommended then the entire compound is not recommended. In regard to the requested Ketamine cream for this patient's bilateral upper extremity complaint, this topical medication is not yet supported for use. This patient presents with bilateral upper extremity pain and a formal diagnosis of brachial plexus injury, though physical examination of the upper extremities was unremarkable. Guidelines indicate that topical Ketamine is currently under study for neuropathic pain conditions such as CRPS and post-herpetic neuralgia. While some studies to date have shown promising results, these have not been conducted with controls in place, and are therefore not of a high enough quality to be considered appropriate for establishing usage recommendations. Therefore, the request is not medically necessary.