

Case Number:	CM15-0172949		
Date Assigned:	09/14/2015	Date of Injury:	08/18/2012
Decision Date:	10/14/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/01/2015

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 36-year-old male, with a reported date of injury of 08-18-2012. The mechanism of injury was the result of suddenly standing up in which he felt a pop in his left knee. The diagnoses include complex regional pain syndrome of the left knee and history of medial meniscal tear of the left knee, status post arthroscopic surgery. Treatments and evaluation to date have included Capsaicin 0.075% cream (discontinued due to no benefit), Gabapentin (discontinued due to headaches), Orphenadrine (discontinued due to nausea), and left knee arthroscopic surgery on 01-30-2013. The diagnostic studies to date have include an MRI of left knee on 04-22-2015 which showed quadriceps enthesopathy and very subtle small intrasubstance split in the posterior horn-body junction of the medial meniscus; a urine drug screen on 03-10-2015 with negative findings. The medical report dated 03-19-2015 indicates that the injured worker underwent arthroscopic surgery with worsening pain in the left knee. He began developing right knee pain due to compensation for the left knee pain. It was noted that he had developed increasing pain in the left knee, right knee, and low back. The objective findings include an antalgic gait with obvious left knee flexion contracture; limited flexion of the left knee to approximately 70 degrees; normal range of motion of the right knee; tenderness to palpation of the medial aspect of the left knee; decreased sensation to pinprick on the medial aspect of the left knee; left knee slightly cooler to touch compared to the right side; and swelling around the left knee. The treating physician prescribed Ketamine cream to be applied to the affected area three times a day. The injured worker had work restrictions. The request for authorization was dated 06-26-2015. The treating physician requested Ketamine 5% cream 60

grams (date of service: 03-19-2015). The medical report dated 08-06-2015 indicates that the injured worker uses a cane and he had developed a flexion contracture of the left knee. On 08-07-2015, Utilization Review (UR) non-certified the request for Ketamine 5% cream 60 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Ketamine 5% cream 60 gr for date of service 3-19-2015: 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: Although ketamine topical may be an option for chronic pain, there are no published controlled studies with evidence of efficacy. Chronic pain guidelines states patients with incapacitating, otherwise intractable, chronic pain may accept side effects from a treatment if pain relief is sufficiently effective; in some patients, ketamine has proved effective and, on this basis, a trial of ketamine is probably warranted for the patient with severe chronic pain that is incapacitating and refractory to other first- and second-line pharmacological therapies; however, that has not been demonstrated for this patient with persistent severe chronic pain without any specific functional improvement from long-term use of this topical analgesics. The patient continues with unchanged opiate formulation and clinical findings without any weaning attempted or decrease in medical utilization seen for this chronic injury. Medical necessity has not been established for this previously non-certified medication; without any change documented from treatment already rendered for this patient without clear contraindication to oral medications. The Retro Ketamine 5% cream 60gr for date of service 3-19-2015 is not medically necessary and appropriate.