

Case Number:	CM15-0044301		
Date Assigned:	03/16/2015	Date of Injury:	06/06/2011
Decision Date:	05/18/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/09/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 39 year old male, who sustained an industrial injury on 06/06/2011. The initial complaints or symptoms included neck and low back pain as a result of a motor vehicle accident. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, CT scans, MRIs, psychotherapy, injections, cervical fusion, and conservative therapies. Currently, the injured worker complains of continued cervical and lumbar spine pain, left shoulder pain, and depressive symptoms. The diagnoses include cervical disc displacement without myelopathy, lumbar disc displacement without myelopathy, psychogenic pain, and long term use of medications. The treatment plan consisted of refill on Ketamine cream, and follow-up.

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: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101-102, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: With regard to Ketamine MTUS states: 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. I respectfully disagree with the UR physician. Per Utilization Review Treatment Appeal dated 2/9/15, the injured worker has neck pain that radiates into the left lateral aspect of the arm and forearm, into the left index middle and ring fingers. He had intermittent numbness and tingling in the left upper extremity. He described his pain as electric type pain down the left upper extremity and rated his pain at 6/10. He had been treated with gabapentin. He reported that medications including Ketamine 5% cream help to reduce pain by about 30% and allow him to continue his home exercise program. The request is medically necessary.