

Case Number:	CM15-0067636		
Date Assigned:	04/15/2015	Date of Injury:	02/05/2005
Decision Date:	05/21/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/09/2015

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: Texas, Florida

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 47 year old male who sustained an industrial injury on 2/5/2005. His diagnoses include: lumbar disc herniation, and displacement without myelopathy and neuropathic pain of left leg. There is a significant psychiatric history of schizophrenia and past suicidal attempts. His treatments have included left lumbosacral transforaminal epidural steroid injections (8/19/14) - resulting in a 50% decrease in pain and improvement in function; and medications management. The progress notes of 1/22/2015 included complaints of low back pain and leg pain/symptoms. The physician's requests for treatments included Ketamine cream on his left leg because it helps reduce the neuropathic symptoms, of throbbing and burning, by 15-20%, and allows for him to sleep better and oral Nabumetone-Relafen which helps decrease his axial back pain and radicular leg pain by 30% making activities easier. It was stated that without the cream, his neuropathic symptoms was said to be uncontrolled. The medications listed are Dexilant, bupropion, clozapine, benazepril, Relafen and ketamine cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 5% cream 60gr #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical Analgesic products.

Decision rationale: The CA MTUS and the OD guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain when treatment with first line antidepressant and anticonvulsant medication have failed. The records did not show subjective or objective findings including allodynia that is consistent with a diagnosis of localized neuropathic pain such as CRPS. The ketamine cream was being utilized for the treatment of lumbar radiculopathic leg pain associated with throbbing and spasm. There is no documentation of failure of first line medications or topical Lidocaine which is the guidelines recommend second line medication. The reduction of pain by 15-20% is below the guidelines recommend level of more than 50% for significant pain relief. The criteria for the use of ketamine cream 5% 60 gram #1 was not met. The request IS NOT medically necessary.