

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0095086 | | |
| Date Assigned: | 05/21/2015 | Date of Injury: | 03/27/2013 |
| Decision Date: | 06/25/2015 | UR Denial Date: | 05/11/2015 |
| Priority: | Standard | Application Received: | 05/18/2015 |

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, California

Certification(s)/Specialty: Family Practice

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 67-year-old male, who sustained an industrial injury on 03/27/2013. According to a progress report dated 04/29/2015, the injured worker presented with chronic left shoulder pain and left elbow pain. Pain level was rated 7-8 on a scale of 1-10 depending on activity. He was authorized to undergo 6 sessions of physical therapy and was scheduled to begin that week. He did not wish to have oral pain medications. Creams were noted to be helpful with local relief of pain. The injured worker denied constipation, heartburn, nausea, abdominal pain, black tarry stools or throwing up blood. Current medications included Voltaren Gel 1% and Ketamine 5% cream. Diagnoses included pain in joint shoulder; status post left shoulder arthroscopy with RCR, decompression and biceps tenotomy. Treatment to date has included shoulder surgeries, medications, electrodiagnostic testing, and physical therapy, MRI arthrogram of the left shoulder and ultrasound of the left upper extremity. Treatment plan included Voltaren Gel 1%, Ketamine 5% cream, MRI of the left elbow and left medial epicondyle cortisone injection under ultrasound guidance. Work status included no lifting more than 10 pounds and he was precluded from use of the left upper extremity. Currently under review is the request for Ketamine 5% cream. Patient has received an unspecified number of PT visits for this injury. The medication list include Flomax and topical medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 5% Cream 60gr: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain - Topical Analgesics, pages 111-112 Topical Analgesics.

Decision rationale: Ketamine 5% Cream 60gr. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed". 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. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Any trial of antidepressants and anticonvulsants for these symptoms were not specified in the records provided. Any intolerance or contraindication to oral medications was not specified in the records provided. The medical necessity of the request for Ketamine 5% Cream 60gr is not fully established in this patient.