

Case Number:	CM15-0099583		
Date Assigned:	06/02/2015	Date of Injury:	06/02/2008
Decision Date:	06/30/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	05/22/2015

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: Emergency Medicine

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 60-year-old female, who sustained an industrial injury on 6/2/08. The injured worker was diagnosed as having cervical disc displacement without myelopathy and cervical post laminectomy syndrome. Treatment to date has included cervical spine fusion, radiofrequency ablation, Aleve, activity restrictions, oral medications including narcotics, physical therapy, topical creams and facet injections. (MRI) magnetic resonance imaging of cervical spine performed on 2/19/13 revealed solid cervical fusion with intact hardware and minor adjacent segment disease without stenosis. (EMG) Electromyogram studies of bilateral upper extremities revealed acute right C5 radiculopathy. Currently, the injured worker complains of continued neck and upper extremity pain. She notes radiofrequency ablation provided at least 50% reduction in pain; she also notes improved function and better range of motion of neck. She may work with restrictions. Physical exam was unremarkable. A request for authorization was submitted for Hydrocodone, Venlafaxine, Docusate sodium, Pantoprazole 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 quantity 60gm: Upheld

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

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

Decision rationale: The requested Ketamine 5% cream quantity 60gm is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants." The injured worker has continued neck and upper extremity pain. She notes radiofrequency ablation provided at least 50% reduction in pain; she also notes improved function and better range of motion of neck. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Ketamine 5% cream quantity 60gm is not medically necessary.