

<b>Case Number:</b>	CM13-0009706		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	06/05/1998
<b>Decision Date:</b>	04/03/2014	<b>UR Denial Date:</b>	07/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 58 year-old female with a 6/5/1998 industrial injury claim. She has been diagnosed with cervicobrachial syndrome; neck pain; thoracic spine pain, and sprain of the neck. On 7/16/13 UR provided a retrospective non-certification for use of Ketamine and Doxepin HCL, based on a 4/7/2011 report from [REDACTED]. On 7/23/13, [REDACTED] appealed the decision, stating the patient exhausted primary and secondary treatments and believes ketamine is warranted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KETAMINE CREAM:** Upheld

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

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

**Decision rationale:** The patient presents with neck and arm pain. I have been asked to review for necessity of ketamine topical. MTUS guidelines state "": 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." The physician states the patient had exhausted primary and secondary treatment, but the available records show the patient has tried and is still using Norco, Robaxin, Ambien, topical Doxepin. Other than that, the patient tried PT, H-wave, HEP and TPIs. The records do show the patient tried Effexor in the past. There is no mention of any anticonvulsants being tried. MTUS does not recommend Ketamine topical, stating it is under study. The patient has not exhausted primary and secondary treatments. There is no mention of trial of anticonvulsants and the patient was not diagnosed with CRPS or post-herpetic neuralgia. The request is not in accordance with MTUS guidelines.

**DOXEPIN HCL GEL:** Upheld

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

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

**Decision rationale:** The patient presents with neck and arm pain. I have been asked to review for necessity of Doxepin HCL gel. This is a TCA topical. MTUS for topical analgesics states "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. " The available records do not show that anticonvulsants have failed. There is no discussion as to why the patient cannot take oral TCA medication, or if oral TCA failed. The 12/20/12 report states that Doxepin was discontinued because the patient doesn't use it. There is no discussion of whether the patient compliance issue has been addressed or why the patient is not using the topical if it is as effective as the physician states. The MTUS criteria of failed anticonvulsants has not been met. The request is not in accordance with MTUS guidelines.