

<b>Case Number:</b>	CM13-0019234		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	06/10/2011
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### 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 Internal Medicine and Cardiology, has a subspecialty in Fellowship trained in Cardiovascular Disease and is licensed to practice in Texas. 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:

The patient is a 39-year-old female who reported an injury on 06/10/2011. The patient is currently diagnosed with complex regional pain syndrome. The patient was seen by [REDACTED] on 07/19/2013. The patient reported worsening pain following 3 stellate ganglion blocks. Physical examination revealed noticeable tremors within the upper extremities. Treatment recommendations included a home health evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketamine/Lido 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:** California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Ketamine is currently under study and only recommended for treatment of

neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Topical lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy with tricyclic or SNRI antidepressants or anticonvulsants such as gabapentin or Lyrica. Topical lidocaine in the formulation of a dermal patch has been designated by the FDA for neuropathic pain. No other commercially-approved topical formulation of lidocaine is indicated for neuropathic pain. As per the clinical notes submitted, there is no documentation of failure to respond to first-line oral medication prior to the initiation of a topical analgesic. California MTUS Guidelines further state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended as a whole. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.