

<b>Case Number:</b>	CM13-0039987		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	01/13/2000
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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 Pain Management and Interventional Spine Medicine 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:

The patient is a 78 year old, male with a date of injury of 1/13/00. The appeal letter, dated 9/25/13, by ██████████ noted that the patient continues to complain of chronic pain in his neck and bilateral knees. It was noted that previous exam findings included: positive apprehension sign and joint line tenderness of the right knee; left knee joint line tenderness, crepitus, positive patella grind and drop test in the left knee; cervical exam showed limited range of motion (ROM) and diminished sensation to pinprick at C7-8 dermatomes on the right. The patient's diagnoses include: pain psychogenic NEC; chronic pain syndrome; pain in joint lower leg. Ketamine 5% cream 60gr and Capsaicin 0.075% cream was requested for pain relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketamine 5% cream 0gr and Capsaicin .075% 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.

**Decision rationale:** The appeal letter, dated 9/25/13 by [REDACTED], noted that the patient continues to complain of chronic pain in his neck and bilateral knees. It was noted that previous exam findings included: positive apprehension sign and joint line tenderness of the right knee; left knee joint line tenderness, crepitus, positive patella grind and drop test in the left knee; cervical exam showed limited ROM and diminished sensation to pinprick at C7-8 dermatomes on the right. The patient's diagnoses include: pain psychogenic NEC; chronic pain syndrome; pain in joint lower leg. Ketamine 5% cream 60gr and Capsaicin 0.075% cream was requested for pain relief. MTUS pg. 111-113 states that Ketamine cream is under study and is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Capsaicin cream 0.075% formulation was primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain. In addition, formulation strength greater than 0.025% has not been shown to provide any further efficacy. The treater mentions that the patient has neuropathic pain, but this has not been clearly documented. Radiculopathy has not been demonstrated and the patient has chronic neck and bilateral knee pain. MTUS pg. 3 states that Neuropathic pain is characterized by symptoms such as lancinating, electric shock-like, paroxysmal, tingling, numbing, and burning sensations that are distinct from nociceptive pain. Recommendation is for denial.