

<b>Case Number:</b>	CM13-0048202		
<b>Date Assigned:</b>	03/28/2014	<b>Date of Injury:</b>	08/10/2004
<b>Decision Date:</b>	04/29/2014	<b>UR Denial Date:</b>	08/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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. The expert 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 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/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 61 year-old female with a 8/10/2004 industrial injury claim. She has been diagnosed with lumbar disc displacement without myelopathy; postherpes trigeminal neuralgia; chronic pain. According to the 8/22/13 pain management report from [REDACTED], the patient presents with back and leg pain. There were symptoms of myelopathy from a conus medullary lesion which is non-industrial. Ketamine 5% cream was prescribed to apply to the affected area 3x/day. On 8/28/13 UR denied this request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETROSPECTIVE MEDICATION: KETAMINE 5% CREAM 60 GRAM, QTY: 2:**

Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Pain Outcomes and Endpoints Page(s): 111-113, 8-9.

**Decision rationale:** According to the 8/22/13 pain management report from [REDACTED], the patient presents with back and leg pain. There is no mention of pain in the trigeminal

distribution. MTUS states topical Ketamine is under study, and only recommended for neuropathic pain refractory from first-line and 2nd-line therapy. MTUS states Ketamine has only been studied with Complex Regional Pain Syndrome (CRPS) and postherpetic neuralgia. The patient does not have CRPS and does not have postherpetic neuralgia in the lower back. MTUS, on page 9 states, "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain; and assessment of treatment efficacy is accomplished by reporting functional improvement," The available records show the use of Ketamine cream since 3/5/13, but there is no documented functional improvement in the medical reports from 3/5/13 through 8/22/13. The request is not in accordance with MTUS guidelines.