

<b>Case Number:</b>	CM13-0067795		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	10/07/2011
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	12/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 Occupational 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 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:

The applicant is a represented employee who has filed a claim for chronic knee and ankle pain reportedly associated with an industrial injury of October 7, 2011. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; topical compounds; psychotropic medications; long-acting opioids; unspecified amounts of physical therapy over the life of the claim; a spinal cord stimulator; and extensive periods of time off of work, on total temporary disability. On May 22, 2013, the applicant was described as off of work, on total temporary disability. Her case and care had been complicated by comorbid fibromyalgia. She was using a spinal cord stimulator. She was given a diagnosis of reflex sympathetic dystrophy of lower limb and/or causalgia of the same. She was asked to continue topical compounded cream, trazodone for sleep, and Remeron for depression. A trial of Exalgo was endorsed. A September 18, 2013, progress note is notable for comments that the applicant reports ongoing foot pain. The attending provider sought authorization for a topical ketamine-containing compound and placed the applicant off of work, on total temporary disability. It is stated that the applicant had four to five sessions of physical therapy pending. On October 16, 2013, the topical compounded ketamine cream, Exalgo, Colace, senna, and physical therapy were endorsed while the applicant was placed off of work, on total temporary disability. On November 20, 2013, the attending provider again endorsed the prescription for the ketamine-containing compound. A trial of Pamelor (nortriptyline) was endorsed, along with additional physical therapy. A series of sympathetic blocks was sought. The applicant was again placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KETAMINE LOTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; as well as the FDA.gov website.

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

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that topical ketamine is under study and is only recommended for treatment for neuropathic pain in refractory cases in which all primary and secondary treatments have been exhausted. In this case, however, primary and secondary treatments have not been exhausted. A trial of Pamelor or nortriptyline is medically necessary (see below). It is further noted that the applicant has used the ketamine-containing lotion on several occasions, and has failed to achieve any lasting benefit or functional improvement despite ongoing usage of the same. The applicant remains off of work, on total temporary disability, and remains highly reliant on various medications and other medical treatments, which, taken together, imply a lack of functional improvement as defined in the MTUS guidelines, despite ongoing usage of ketamine lotion. Therefore, the requested ketamine lotion is not medically necessary or appropriate.

**NORTRIPTYLINE HCL:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that tricyclic antidepressants, such as nortriptyline, are considered a first-line option for neuropathic pain. In this case, the applicant does carry a diagnosis of chronic regional pain syndrome, a neuropathic pain issue. A trial of nortriptyline is indicated and appropriate to combat the same. Therefore, the requested nortriptyline is medically necessary.

**LUMBAR SYMPATHETIC BLOCKS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 39.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that lumbar sympathetic blocks are recommended, for a limited role, primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. In this case, however, it is not clearly stated whether (or if) the applicant has had prior lumbar sympathetic blocks and, if so, what the response was. It is not clearly stated why the sympathetic blocks are indicated. It appears that the applicant already carries the definitive diagnosis of chronic regional pain syndrome of the lower extremities. Therefore, the requested blocks are not medically necessary or appropriate.