

<b>Case Number:</b>	CM13-0071217		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	02/03/2010
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 & Rehabilitation 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 patient is a 58-year-old male who reported an injury on 02/03/2010 after a fall that caused injury to the patient's left knee, hip, ankle, and caused psychiatric distress. The patient's treatment history included activity modifications, a knee brace, physical therapy, a home exercise program, a TENS unit, a plantar fasciitis night splint, corticosteroid injections, a Cam walker boot, cognitive behavioral therapy and biofeedback. The patient ultimately underwent left knee surgery and left ankle surgery followed by postoperative physical therapy and a home exercise program. The patient developed chronic pain that was managed with medications. It was noted that the patient reported medications significantly reduced his pain and allowed for greater function and did not provide any significant side effects. The patient's diagnoses included pain in joint, ankle/foot, pain in joint, lower leg, pain in thoracic spine, and unspecified major depression, recurrent episode. The patient's treatment plan included continuation of medications, continuation of cognitive behavioral therapy, and continuation of conservative treatments to avoid surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KETAMINE 5% TOPICAL CREAM:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The retrospective request for Ketamine 5% 60 g 3 times daily prescribed 09/20/2013 was not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of Ketamine as a topical analgesic in refractory cases in which all primary and secondary treatments have been exhausted. The clinical documentation submitted for review does not support that all primary and secondary treatments have been exhausted. The clinical documentation does indicate that the patient is taking medications to include tizanidine, amitriptyline, and Tylenol. There is no documentation that the patient has failed to respond to opioid therapy or anticonvulsants. Therefore, the need for Ketamine as a topical analgesic is not supported. As such, the retrospective request for Ketamine 5% cream 60 g 3 times daily, prescribed 09/20/2013 is not medically necessary or appropriate.