

<b>Case Number:</b>	CM14-0006151		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	07/21/2008
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	01/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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 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 injured worker is a 45-year-old male who reported an injury on 07/21/2008. The mechanism of injury reportedly occurred while digging ditches. The diagnoses included lumbar disc displacement without myelopathy. Per the 12/13/2013 clinical note, the injured worker reported low back pain rated 4/10 on a pain scale. Objective findings included the ability to phonate and cognate appropriately. The injured worker was noted to ambulate without assistance and was able to sit comfortably on the examination table without evidence of pain. The injured worker's medication regimen included Robaxin 500 mg, Protonix 20 mg, diclofenac sodium 1.5% cream, ketamine 5% cream, and Anaprox 550 mg. Prior treatments included physical therapy, chiropractic care and a lumbar epidural steroid injection. In the treatment plan, the provider noted to continue the injured worker's medication management, as the medications were improving the injured worker's pain and function. The Request for Authorization form for ketamine 5% 60 gm cream was submitted on 12/11/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KETAMINE CREAM 5% 60 GRAMS:** 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 Page(s): 111-113.

**Decision rationale:** The request for ketamine 5% 60 gm cream is not medically necessary. The California MTUS Guidelines state that topical analgesics are largely experimental in use, with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. Regarding topical ketamine, the guidelines only recommend it for the treatment of neuropathic pain in refractory cases in which all primary and secondary treatments have been exhausted. There is a lack of documentation regarding objective findings of neuropathic pain. There is no indication the injured worker failed other treatment options. The efficacy of the medication is also unclear. Based on this information, the request for ketamine cream is not supported. As such, the request is not medically necessary.