

<b>Case Number:</b>	CM14-0006854		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	01/16/2006
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 63-year-old female presenting with chronic pain following a work-related injury on January 16, 2006. On January 7, 2014 the claimant presented with complaints of wrist pain. The claimant was diagnosed with carpal tunnel syndrome. The claimant reported that she had been using Topamax 100 mg at bedtime. The physical exam revealed positive Tinel sign. The provider recommended topical compounding cream for pain control continues Topamax 100 mg at bedtime and requested authorization for bilateral neoprene wrist splints to replace her current ones that are extremely worn. The claimant was made for topical Ketamine cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **COMPOUNDING CREAM WITH KETAMINE TOPICAL: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111-112.

**Decision rationale:** Compound cream with Ketamine Topical is not medically necessary. Per CA MTUS page 111 states that topical analgesics are "recommended for localized peripheral

pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)...Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. There was no documentation that the claimant failed or could not tolerate first line therapy. Additionally, there is no evidence that the claimant has a neuropathic pain syndrome. Per CA MTUS topical analgesic such as compounded Ketamine cream is not medically necessary.