

<b>Case Number:</b>	CM14-0009094		
<b>Date Assigned:</b>	06/04/2014	<b>Date of Injury:</b>	10/24/2000
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 Emergency Medicine and is licensed to practice in New York. 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 38-year-old male who was injured on October 24, 2000. The patient continued to experience low back pain. Physical examination was notable for normal range of motion of the lumbar spine, negative straight leg raise, and tenderness over the left L3-5 facets. Diagnoses included lumbar disc displacement without myelopathy, cervical disc degeneration, lumbosacral neuritis, and postlaminectomy syndrome. Treatment included surgery, medications, chiropractic therapy, and epidural steroid injections. The request for authorization for compounded Ketamine 5% cream was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **COMPOUNDED KETAMINE 5% CREAM 60GR:** Upheld

**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 Pain Interventions and Guidelines Page(s): 111-113.

**Decision rationale:** Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Ketamine is an anesthetic in animals and humans. The use of topical Ketamine is under study. It is recommended only for treatment of

neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Topical Ketamine has only been studied for use in non-controlled studies for CRPS I (complex regional pain syndrome) and post-herpetic neuralgia. In this case the patient had not exhausted all primary and secondary treatments. The patient is still receiving chiropractic therapy. The conditions for recommendation have not been met. Therefore, Compounded Ketamine 5% cream 60GR is not medically necessary.