

<b>Case Number:</b>	CM14-0108715		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	08/05/2008
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 Neurology and is licensed to practice in New Jersey. 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 60 year old right-handed man who sustained a work-related injury on August 5, 2008. Subsequently he developed chronic left knee and left elbow pain. According to a note dated on June 16, 2014, the patient was complaining of left elbow and knee pain with lower back pain. No physical examination was documented in this note. However no ptosis August 11, 2014, physical examination was significant for an antalgic gait. His EMG demonstrated the left ulnar neuropathy. The patient was treated with the topical analgesics. The patient was diagnosed with the carpal tunnel syndrome, neck pain, epicondylitis, pain in the forearm and pain in the lower leg. The provider requested authorization for Ketamine 5% cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective One Ketamine 5% cream 60gr Date of Service 06/14/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Functional improvement measures Page(s): 111-1.

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

**Decision rationale:** According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few

randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Ketamine is not approved by MTUS guidelines to be used for neuropathic pain. Therefore, the request for Retrospective One Ketamine 5% cream 60gr Date of Service 06/14/2014 is not medically necessary.