

<b>Case Number:</b>	CM14-0111468		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	07/25/2013
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management 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 41-year-old male who reported an injury on 07/25/2013. The mechanism of injury was a fall. He is diagnosed with lumbar disc displacement without myelopathy and knee pain. His past treatments have included activity modification, chiropractic treatment, opioid pain medication, NSAIDs, muscle relaxants, anticonvulsants, proton pump inhibitors, Capsaicin cream and Ketamine cream. On 06/26/2014, the injured worker presented with complaints of sciatica and back pain as well as left knee pain. His physical examination revealed decreased lumbar range of motion, decreased sensation, in a right L5 distribution, a positive right straight leg raise, and tenderness to palpation over the right knee. His medications include gabapentin, Protonix, Ketamine 5% cream, Capsaicin 0.075% cream, Norflex, and tramadol. The treatment plan included prescriptions for buprenorphine, gabapentin, Protonix, Ketamine cream, Capsaicin cream, and Norflex. However, the documentation also showed that Ketamine cream was discontinued as it was not helping. A request was received for Ketamine 5 Percent Cream 60 Grams QTY 1. A clear rationale for this request was not provided. The request for authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketamine 5 Percent Cream 60 Grams Qty 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

**Decision rationale:** According to the California MTUS Guidelines, Ketamine is under study for topical use and is currently only recommended for the treatment of neuropathic pain in refractory cases in which all primary and secondary treatments have been exhausted. The clinical information submitted for review indicated that the injured worker has had positive benefit from Gabapentin, Norflex, and Capsaicin cream. The documentation shows that he did report gastric upset with Gabapentin, but this is controlled with Protonix. As the documentation does not show that he has failed all primary and secondary treatment options, use of Ketamine is not supported. In addition, the 06/26/2014 note indicates Ketamine was discontinued as it had not been helping. Therefore, clarification is needed regarding this request. Moreover, the request failed to provide directions for use and frequency. For the reasons noted above, the request is not medically necessary.