

<b>Case Number:</b>	CM14-0116257		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	01/31/1997
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	06/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2014

### 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:

This patient sustained an injury on 1/31/1997 while employed by [REDACTED]. Request(s) under consideration include Topical Ketamine 5% #1. Diagnoses include lateral epicondylitis s/p elbow lateral epicondylar release surgery. Conservative care has included medications, therapy, TENS unit, and modified activities/rest. Report of 8/17/13 listed medications to include Pantoprazole-Protonix, Tramadol, topical Ketamine 5%, Pennsaid 1.5%, Lipitor for diagnoses of CTS and right 1st CMC arthritis s/p right lateral epicondylar release and s/p right CMC arthroplasty. Report of 6/11/14 from the provider noted patient with chronic ongoing elbow pain rated at 6-8/10; the patient noted dyspepsia with a number of oral pharmaceuticals including Tramadol and NSAIDs. The request(s) for Topical Ketamine 5% #1 was non-certified on 6/24/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketamine 5% #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 56.

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

**Decision rationale:** This patient sustained an injury on 1/31/1997 while employed by [REDACTED]. Request(s) under consideration include Topical Ketamine 5% #1. Diagnoses include lateral epicondylitis s/p elbow lateral epicondylar release surgery. Conservative care has included medications, therapy, TENS unit, and modified activities/rest. Report of 8/17/13 listed medications to include Pantoprazole-Protonix, Tramadol, topical Ketamine 5%, Pennsaid 1.5%, Lipitor for diagnoses of CTS and right 1st CMC arthritis s/p right lateral epicondylar release and s/p right CMC arthroplasty. Report of 6/11/14 from the provider noted patient with chronic ongoing elbow pain rated at 6-8/10; the patient noted dyspepsia with a number of oral pharmaceuticals including Tramadol and NSAIDs. The request(s) for Topical Ketamine 5% #1 was non-certified on 6/24/14. Although ketamine topical may be an option for chronic pain, there are no published controlled studies. Chronic pain guidelines states patients with incapacitating, otherwise intractable, chronic pain may accept side effects from a treatment if pain relief is sufficiently effective; In some patients, ketamine has proved effective and, on this basis, a trial of ketamine is probably warranted for the patient with severe chronic pain that is incapacitating and refractory to other first- and second-line pharmacological therapies; however, that has not been demonstrated for this patient with persistent severe chronic pain without any specific functional improvement from long-term use of this topical analgesics. The patient continues with unchanged medication formulation and clinical findings without any weaning attempted or decrease in medical utilization seen for this 1997 chronic injury. Medical necessity has not been established for this previously non-certified medication; Without any change documented from treatment already rendered for this patient. The Topical Ketamine 5% #1 is not medically necessary and appropriate.