

<b>Case Number:</b>	CM14-0128891		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	08/23/2006
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 Family Medicine and is licensed to practice in New Jersey and 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 injured worker is a 47 year-old male who was injured on 8/23/06. He complains of continuous neck pain radiating to bilateral upper extremities with numbness and tingling. He has decreased range of motion on exam with elicited pain. A 7/2013 cervical MRI showed stable C3-C4 right paracentral disc bulge nearly contacting the cord but no lateral component of disc bulge or foraminal stenosis. He had normal electrodiagnostic studies of his upper extremities. He was diagnosed with neck pain, thoracic spine pain, sciatica, cervical disc displacement, spinal stenosis of lumbar spine, and lumbar disc displacement. He was treated with cervical epidural steroid injections without relief. He had a cervical fusion at C5-C6 on 8/5/08. His medications include Phenergan, Morphine, Protonix, Capsaicin cream, Ketamine cream, Hydrocodone/acetaminophen, and cyclobenzaprine. The current request is for topical capsaicin and ketamine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Capsaicin 0.075% cream, date of service (DOS) 01/07/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

**Decision rationale:** The request is not medically necessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when antidepressants and anticonvulsants have failed. Topical capsaicin has been useful with osteoarthritis, fibromyalgia, and chronic non-specific back pain. It is useful in patients whose pain is not controlled by conventional therapy. In the chart, there was no clear documentation of what oral medications he took, their dosage, length of treatment, and improvement in pain. There were no documented goals of treatment. Topicals are often used when oral medications aren't tolerated, however, we cannot tell which medications he had used previously. There are also no physical therapy notes to show that he failed therapy. Therefore, the request is considered not medically necessary.

**Ketamine 5% cream 60gram, date of service (DOS) 01/07/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

**Decision rationale:** The request for Ketamine cream is not medically necessary. The use of topical analgesics is largely experimental in use with few randomized controlled trials to determine efficacy or safety. According to MTUS guidelines, the use of topical ketamine is under study. It is only recommended for "treatment of neuropathic pain in refractory cases in which primary and secondary treatment has been exhausted." It has only been studied in patients with CRPS I and post-herpetic neuralgia. In the chart, there was no clear documentation of what oral medications he took, their dosage, length of treatment, and improvement in pain. There were no documented goals of treatment. Topicals are often used when oral medications aren't tolerated, however, we cannot tell which medications he had used previously. There are also no physical therapy notes to show that he failed therapy. Therefore, the request is considered not medically necessary.