

<b>Case Number:</b>	CM14-0178305		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	10/02/2012
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic wrist and forearm pain reportedly associated with an industrial injury of October 4, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; first dorsal compartmental release surgery of November 2013; trigger point injection therapy; unspecified amounts of physical therapy; and extensive periods of time off of work. In a Utilization Review Report dated October 10, 2014, the claims administrator failed to approve a request for a ketamine-containing topical compounded cream. Per the claims administrator, the article in question was sought via an October 1, 2014 progress note. The applicant's attorney subsequently appealed. In an October 1, 2014 progress note, the applicant was given diagnoses of wrist pain, upper extremity pain, and myofascial pain syndrome. Multiple trigger point injections were performed. The applicant was asked to alternate Motrin and Relafen. The applicant was asked to continue Keppra for epilepsy. A topical compounded ketamine-containing cream was endorsed. The applicant was placed off of work, on total temporary disability, via work status reports of March 5, 2014 and January 7, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketamine 10% 10% Lidocaine 60gm:** 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 Ketamine Page(s): 113.

**Decision rationale:** As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, topical ketamine is deemed "under study" and only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatments have been exhausted. Here, however, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Motrin, Relafen, etc., effectively obviates the need for the ketamine-containing topical compound. Therefore, the request is not medically necessary.