

<b>Case Number:</b>	CM14-0021415		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	07/03/2009
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 and is licensed to practice in Texas. 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 43 year old male injured on 07/03/09 when he sustained a crush injury to the distal tip of his right middle finger when a door was slammed abruptly on to his right hand. The injured worker underwent distal amputation of the tip of the right third phalanx with development of right upper extremity pain secondary to complex regional pain syndrome. The injured worker continued to report right third digit pain radiating up his entire arm to the shoulder, neck, and upper back. The injured worker reported right third fingertip was very sensitive to touch which was aggravated by increased activity. Physical examination revealed pain to palpation and light touch in the distal right middle finger, no contracture, tenderness to palpation and spasm along the right forearm and upper arm. Prior treatments included physical therapy, acupuncture, home exercise program, modified work, massage therapy, and oral medications. The injured worker attempted gabapentin but was discontinued due to drowsiness. The injured worker reported pain relief and functional improvement with ketamine and ability to tolerate work with topical medication. The injured worker also utilized cyclobenzaprine, tramadol, and Topamax for pain management purposes. The initial request for ketamine 5% cream 60g was non-certified on 02/13/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KETAMINE 5% CREAM 60 GRAMS:** Overturned

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

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

**Decision rationale:** As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, Ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia and both have shown encouraging results. The documentation indicates the injured worker experiences functional improvement and a decrease in pain allowing a return to work with the use of Ketamine cream. Therefore Ketamine 5% cream 60 grams is recommended as medically necessary.