

<b>Case Number:</b>	CM14-0063176		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	09/12/1997
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 is a 55-year old female with a date of injury of 9/12/97. The mechanism of injury occurred when she attempted to lift a child and injured her low back. On 1/16/14 it was noted she called the office for a refill of her medications including Ketamine 5% cream. On 1/30/14 she complained of low back pain. She was scheduled for the ESI in February. She stated she uses the cane occasionally due to pain. She had continued low back pain with radiation into both lower extremities along with numbness and tingling. Objective findings stated she was alert and oriented x 3 and there were no signs of sedation. The diagnostic impression is lumbar disc displacement with out myelopathy, stenosis spinal lumbar, spondylosis lumbosacral, and cervical disc displacement. Treatment to date: Lumbar fusion on 12/15/09, lumbar epidural steroid injection (ESI) on 2/11/14, physical therapy, medication management. A UR decision dated 4/22/14 denied the retro request for Ketamine 5% cream date of service one 1/16/14. The Ketamine 5% cream was denied because "guideline state regarding topical analgesics that they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed.....Ketamine: Under study: 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 and post-herpetic neuralgia and both have shown encouraging results. The exact mechanism of action remains undetermined." Since the guidelines do not support the use of Ketamine, this request is non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective for (DOS 1/6/14) - Ketamine 5% cream 60gr: apply to affected area three times a day:** 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 Boswellia Serrata Resin, Capsaicin, Topical Analgesics, Page(s): 25, 28, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Topical Analgesics

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, guidelines do not support the use of Ketamine. Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug that is not recommended is not recommended. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. 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 exact mechanism of action remains undetermined. Therefore, the request for retro DOS 1/16/14-Ketamine 5% cream 60 grams: apply to affected area three times a day is not medically necessary.