

<b>Case Number:</b>	CM14-0191070		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	07/17/2014
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Utah. 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 patient is a 44 year-old female. The patient's date of injury is 7/17/2014. The mechanism of injury is described as putting a bag of 50 lbs dog food on a shelf. The patient has been diagnosed with shoulder strain, and impingement syndrome. The patient's treatments have included physical therapy, imaging studies, and medications. The physical exam findings dated 9/23/2014 state the patient is in no acute distress, well groomed. The musculoskeletal exam states the left shoulder still having tenderness with over head flexion, and physical exam findings consistent with impingement syndrome. The patient's medications have included, but are not limited to, Norco, ibuprofen, and Glucophage. The request is for a Ketamine compound cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketamine 10% compound:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine Page(s): 113. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain, Compound drugs

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 56, 111-113.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Ketamine. MTUS guidelines state the following: Not recommended. Topical Ketamine has only been studied for use in non-controlled studies for CRPS I and postherpetic neuralgia and both have shown encouraging results. The exact mechanism of action remains undetermined. (Gammaitoni, 2000) (Lynch, 2005) According to the clinical documentation provided and current MTUS guidelines; Ketamine is not indicated as a medical necessity to the patient at this time.