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| <b>Case Number:</b>   | CM14-0200906 |                              |            |
| <b>Date Assigned:</b> | 12/11/2014   | <b>Date of Injury:</b>       | 01/17/2012 |
| <b>Decision Date:</b> | 02/04/2015   | <b>UR Denial Date:</b>       | 11/17/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/01/2014 |

### 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 Medicine 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 patient is a 45 year old female who was injured on 1/17/2012. The diagnoses are cervicalgia, bilateral shoulder pain, carpal tunnel syndrome, lateral epicondylitis, chronic neck and upper extremities pain. The past surgery history is significant for right carpal tunnel release and arthroscopic left shoulder surgery. The 2014 EMG/NCV of the upper extremity was reported as normal. On 10/28/2014, [REDACTED] PA-C / [REDACTED] / noted subjective complaints of neck pain radiating to the upper extremities associated with numbness and tingling sensation of the right fingers. The patient complained of headache, depression and poor concentration. The significant objective finding was tenderness over the right lateral epicondyle area. Tramadol and Naproxen was discontinued for non-specific side effects. Topical Diclofenac to the elbow was not effective. A Utilization Review determination was rendered on 11/17/2014 recommending non certification for ketamine 5% cream 60 gram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketamine 5% cream 60 gr:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

**Decision rationale:** The California MTUS and the Official Disability Guidelines (ODG) guidelines recommend that topical analgesic products can be utilized for the treatment localized neuropathic pain that did not respond to treatment with first line oral anticonvulsant and antidepressant medications. The records did not show subjective and objective findings consistent with a diagnosis of localized neuropathic. The patient was diagnosed with multiple joints pain, status post carpal tunnel release and tendinitis. There is no documentation of failure of orally administered first line medications. The guidelines recommend that topical ketamine can be utilized as a third line option for the treatment of CRPS and topicalized neuropathic pain. The criteria for the use of topical ketamine 5% cream 60 gram was not met.