

<b>Case Number:</b>	CM14-0060348		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	11/05/2007
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 Occupational Medicine, and is licensed to practice in Colorado. 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 57 year old female sustained an injury on 11/05/2007 of cumulative trauma to her left upper extremity. According to provider notes of 03/06/2014, the IW has left upper extremity pain secondary to complex regional pain syndrome (CRPS) with complaints of pain and continuing numbness and tingling in the extremity. She has tried several conservative treatment methods such as acupuncture, chiropractic treatment and stellate ganglion block but did not find them to be helpful. She has tried physical therapy in the past with temporary relief but continues to have pain. The provider notes of 03/28/2014 lists objective findings as significant tenderness with light palpation of the volar aspect of the left forearm. Medications taken include Mirtazapine 15 mg one tablet taken at night for depression, Pantoprazole-protonix 20 mg taken 1-2 daily for the stomach, Fluoxetine-prozac 20 mg taken t tabs per day for depression, and Topiramate-topomax 25 mg taken one tablet twice daily. A Ketamine 5% cream is applied to affected area three times daily. She describes her pain as an 8/10 when not taking medications and reduced to a 4-5 on a scale of 10 when taking medications. A transcutaneous electrical stimulation (TENS) unit has recently been used at home with 50% relief of her pain and an increase in functional ability to do chores around the house with less pain, but there is no documentation of functional improvement with the TENS. The injured workers (IW) diagnoses listed in the UR letter include complex regional pain syndrome (CRPS), reflex sympathetic dystrophy (RSD), status post left carpal tunnel release (CTR), depression, and panic attacks. The IW's treatment plan includes continuation of the psychology sessions, continuation of oral medications Mirtazapine, Pantoprazole, Fluoxetine, and Topiramate, and continued use of the topical medication compound of Ketamine 5% cream. No original request for authorization is found, but the UR letter documents a request for authorization made 04/07/2014 for Remeron (Mirtazapine) 15 mg #30, Fluoxetine-Prozac 20 mg #60, Topiramate-Topomax 25 mg #60 and Ketamine 5% cream

80 gram #4. A utilization review (UR) on 03/31/2014 non-certified the Ketamine 5% cream, and either approved or gave modified approval of Remeron (Mirtazapine) 15 mg #30, #4, Fluoxetine-Prozac 20 mg #60, and Topiramate-Topomax 25 mg #60. On 04/05/2014 an application for independent medical review was made for the compound of Ketamine 5% cream 80 gram #4 in response to a utilization Review (UR) recommendation that the Ketamine 5% cream 60 gm #4 be non-certified. The non-certification by the UR agency was based on CA-MTUS (California Medical Treatment Utilization Schedule).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Compound: Ketamine 5% Creme 60gm #4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anticonvulsants, Topical Analgesics, page(s) Elbow Complaints, Page(s): 22 17, 111, 113 40.

**Decision rationale:** According to the MTUS many topical agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, -adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. According to the MTUS, topical 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. Table 4 of the MTUS Elbow Complaints chapter (pg. 40) provides an "inconclusive" consensus opinion "for" the use of topical ketamine. In this case, the worker has a diagnosis of chronic regional pain syndrome with upper extremity neuropathic pain. The available documentation shows that the worker has had conservative treatment and that the worker has substantial pain reduction attributable to an ongoing mixture of treatments including the oral medications Mirtazapine, Pantoprazole, Fluoxetine, and Topiramate, the topical medication Ketamine 5% cream, and the use of a transcutaneous electrical stimulation (TENS) unit. There is documentation of 50% relief of her pain along with an increase in functional ability to do chores around the house with the TENS unit. There is documentation of pain reduction with the use of medications, where the worker's pain of 8/10 is reduced to a 4-5/10 when taking medications. There is no documentation that is specific to pain reduction and/or increased functional abilities secondary to the use of topical ketamine. There is insufficient documentation regarding failed primary and secondary treatments for neuropathic pain. The available documentation is insufficient regarding the determination of whether topical ketamine specifically reduces the worker's neuropathic-related upper extremity pain, with improved functional ability. Therefore, the request for topical ketamine is not considered medically necessary and appropriate.