

<b>Case Number:</b>	CM15-0009643		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	03/26/2013
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 who reported an injury on 03/26/2013. The mechanism of injury involved a fall. The injured worker is noted to be status post right shoulder SLAP and a rotator cuff repair in 05/2014. The current diagnoses include acromioclavicular joint sprain, shoulder impingement syndrome, SLAP tear of the right shoulder, muscle spasm and neuropathy. The injured worker presented on 12/04/2014 with complaints of persistent pain. The injured worker was utilizing dermatran cream, Ultram and Norco. The injured worker indicated that he required Norco at night to decrease pain and aide in sleeping. The injured worker reported 4/10 intermittent sharp pain localized to the right shoulder with numbness and tingling in the right little finger and ring finger. Upon examination, there was mild tenderness to palpation over the AC joint, biceps origin and trapezius on the right side. There was mild tenderness over the biceps origin and anterior shoulder against resistance. Active range of motion was noted at 105 degrees forward flexion, external rotation to 60 degrees, internal rotation to the top of the gluteus maximus and 4/5 motor weakness. Recommendations included continuation of the current medication regimen. A Request for Authorization form was then submitted on 12/04/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketamine 5% custom compound cream 120 gms with 2 refills (dermatran): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** California MTUS Guidelines do not recommend ketamine. There is insufficient evidence to support the use of ketamine for the treatment of chronic pain. Therefore, the current request for ketamine 5% custom compound cream 120 gms with 2 refills (dermatran) is not medically appropriate at this time.