

<b>Case Number:</b>	CM15-0102600		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	04/21/2008
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 (IW) is a 54-year-old female who sustained an industrial injury on 04/21/2008. She reported injury to the left knee, left shoulder and left lower leg. The injured worker was diagnosed as having pain in the lower leg, psychogenic pain, and pain in the shoulder joint, pain in the joint of lower leg, and chronic pain. Treatment to date has included left knee arthroscopy with partial meniscectomy and loose body removal (08/06/2008) left knee surgery for recurrent medial meniscus tear, synovectomy, femoral condyle chondroplasty, and extensive debridement (09/23/2009); left shoulder arthroscopy and decompression with anterior acromioplasty, rotator cuff repair, and arthroscopic debridement (03/2010), medications, Physical therapy, chiropractic therapy, and a transcutaneous electrical nerve stimulation (TENS) unit. Currently, the injured worker complains of pain in the left shoulder, chest, and left knee. On examination, there is tenderness to palpation over the posterior left shoulder and presence of muscle spasm in the left upper trapezius. There is pain with extension and abduction of the shoulder. On the left knee exam, there is tenderness to palpation over the joint lines with mild swelling and no erythema. Crepitus is present with extension and flexion of the knee. Full extension with compression of the patella is painful. There is no evidence of instability on exam. The treatment plan of care includes use of topical Ketamine 5% cream (not a formulary-compounded product) to the affected area. A request for authorization is made for Ketamine 5% cream 60 grams #1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketamine 5% cream 60 grams #1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20-9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

**Decision rationale:** Regarding the request for ketamine cream, CA MTUS states that topical ketamine is "Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted." Within the documentation available for review, there is no indication of neuropathic pain and failure of all primary and secondary treatment for this condition. Given the above, the requested ketamine cream is not medically necessary.