

<b>Case Number:</b>	CM15-0137349		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	12/31/2005
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 68-year-old male, who sustained an industrial injury on 12/31/2005. Diagnoses have included pain in joint: shoulder, forearm and hand. Treatment to date has included right shoulder surgery, chiropractic treatment, physical therapy and medication. According to the progress report dated 5/13/2015, the injured worker complained of neck pain and numbness in his right upper extremity. He also complained of headaches. The injured worker appeared to be anxious and in pain. Authorization was requested for Ketamine cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical Ketamine is not recommended due to lack of evidence and is under study. Topical Ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia. The claimant does not have these diagnoses. In addition, it was used along with oral NSAIDs for a year without indication in reduction of oral medication use. Long-term use is not justified. Topical Ketamine is not medically necessary.