

<b>Case Number:</b>	CM15-0139760		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	05/19/2014
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: Emergency Medicine

### 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 57-year-old female who sustained industrial injuries on 5/19/2014 resulting in neck and upper back pain, and pain in the bilateral elbows and wrists. She was diagnosed with cervical strain, thoracic strain, carpal tunnel syndrome bilateral, and tendonitis. Treatment has included physical therapy with noted 60 percent improvement in pain level and functioning, acupuncture with unknown response, right hand injection that did not relieve symptoms, and Ibuprofen. The injured worker continues to present with bilateral upper extremity pain, and numbness and tingling in her fingers, with symptoms being worse at night. The treating physician's plan of care has included Ketamine 5 percent cream, 60 mg. She is presently working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Kelamine 5% cream 60mg (lube) qty 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 111-113, Topical Analgesics Page(s): 111-113.

**Decision rationale:** The requested Kelamine 5% cream 60mg (lube) qty 1.00 is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants." The injured worker has bilateral upper extremity pain, and numbness and tingling in her fingers, with symptoms being worse at night. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Kelamine 5% cream 60mg (lube) qty 1.00 is not medically necessary.