

<b>Case Number:</b>	CM15-0143354		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	09/01/2011
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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 37 year old female who sustained an industrial injury on 9-1-11. She had complaints of right knee pain. Treatments include: medication, home exercise program and functional restoration program. Progress report dated 7-6-15 reports continued complaints of right and left knee pain made worse with ambulation. Right knee pain is described as having nails inside the knee with radiation of pain around the kneecap on the front, back and sides of the knee. She ambulates with a cane. She has complaints of left knee and low back pain. The pain is relieved with her medication regimen, which makes her able to complete activities of daily living. Diagnoses include: pain in joint right lower leg and patellar tendinitis. Plan of care includes: continue medication management, urine drug screen administered, refill medications; naproxen, pantoprazole-protonic, diclofenac, escitalopram-lexapro, Tramadol, ketamine 5% cream 60 gr apply three times a day, gabapentin 600 mg 2 at bedtime may increase to adding 1 in the morning. Work status: permanent and stationary. Follow up in 4 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

**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. It has only been reviewed for CRPS, herpes neuralgia and cancer. The claimant was also on oral NSAIDS and opioids. Pain scores were not noted. In this case, the claimant does not have the above diagnoses and the use of topical Ketamine is not medically necessary.

**Gabapentin 600mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-epilepsy drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

**Decision rationale:** According to the MTUS guidelines: Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does not have the stated conditions approved for Gabapentin use. The claimant was also on oral NSAIDS and opioids. Pain scores were not noted. Furthermore, the treatment duration was longer than recommended. Gabapentin is not medically necessary.