

<b>Case Number:</b>	CM15-0146948		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	12/01/2012
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	07/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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, Hawaii  
 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 46 year old male, who sustained an industrial injury on December 1, 2012. He was electrocuted and subsequently fell off a ladder. He later reported low back pain. The injured worker was currently diagnosed as having syndrome postlaminectomy lumbar - status post L5-S1 interbody fusion and spondylosis lumbosacral. Treatment to date has included diagnostic studies, surgery, corticosteroid injections with some benefit, a radiofrequency ablation procedure at L4-L5 and medication. Notes stated that his radiofrequency ablation procedure decreased his back pain by 80% for longer than six months allowing him to continue working full duty without restrictions and to avoid pain medications. On June 23, 2015, the injured worker complained of an increase in right-sided axial low back pain, which worsens throughout the day. His low back pain was described as chronic. The pain increases with prolonged standing and is improved with rest and position changes. He also reported intermittent numbness and tingling in his hands. The treatment plan included medicated cream and a follow-up visit. On July 8, 2015, Utilization Review non-certified the request for prospective use of Ketamine 5% 60gm (refill times one), citing California MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketamine 5% 60grams with 1 refill:** Upheld

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

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

**Decision rationale:** The IW is a 46 y.o. man who fell off a ladder at work injuring his low back. He was treated with conservative care and interventional procedures. He eventually underwent a L5-S1 fusion on 7/17/2013. He is also being treated for an electrocution injury on 11/16/2012 when a wrench he was holding touched a live electrical wire. Since that time, he has had numbness in his right index and middle fingers. He has tried Gabapentin with no report of efficacy. The PTP states that he is prescribing Ketamine cream for treatment of hand neuropathic pain. MTUS guidelines, pages 111-113, consider topical analgesics largely experimental in use and recommends its use for neuropathic pain when trials of anti-depressants and anti-convulsion have failed; applied locally to painful areas. MTUS also states "Ketamine: Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted." The PTP has provide an appeal letter in which he states that in addition to Gabapentin, the IW has also failed Nortriptyline. The PTP has tried one medication from each class. This would not be considered exhaustion of all primary and secondary treatments. The requested treatment is not medically necessary.