

<b>Case Number:</b>	CM15-0147505		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	04/06/2006
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 36-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 6, 2006. In a Utilization Review report dated July 7, 2015, the claims administrator failed to approve a request for a ketamine cream. The claims administrator referenced an RFA form of July 1, 2015 and an associated office visit of June 25, 2015 in its determination. The applicant's attorney subsequently appealed. On July 9, 2015, the applicant reported ongoing complaints of low back pain. The applicant was using topical capsaicin, topical ketamine, glucosamine, Viagra, Prilosec, Norflex, Norco, senna, Desyrel, Effexor, and Neurontin, it was reported. Permanent work restrictions were renewed. It was suggested that the applicant was not working with said permanent limitations in place. The applicant had undergone earlier failed lumbar fusion surgery, it was reported. On July 26, 2015, the applicant reported ongoing complaints of low back pain with derivative complaints depression and insomnia. It was suggested that the applicant was doing some 'side work' in a part-time role. The applicant was using a variety of agents, including Flexeril, Desyrel, senna, Neurontin, Norco, Norflex, Prilosec, Viagra, Effexor, glucosamine, a topical ketamine cream, and a topical capsaicin cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketamine 5% cream, 60gms: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine Page(s): 113.

**Decision rationale:** No, the request for a topical ketamine cream was not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, topical ketamine is considered "under study" and recommended only in the treatment of neuropathic pain in refractory cases in which all primary and secondary treatments have been exhausted. Here, however, the applicant's concomitant usage of numerous first-line oral pharmaceuticals to include Norco, Neurontin, Norflex, etc., effectively obviated the need for the ketamine cream in question. Therefore, the request was not medically necessary.