

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0199561 |                              |            |
| <b>Date Assigned:</b> | 10/14/2015   | <b>Date of Injury:</b>       | 12/10/2009 |
| <b>Decision Date:</b> | 11/24/2015   | <b>UR Denial Date:</b>       | 09/16/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/09/2015 |

### 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: 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 injured worker is a male patient who sustained an industrial injury on December 10, 2009. August 05, 2015 pain management visit reported subjective complaint of "neck, low back, and lower extremity pain." He is most bothered by increasing left ankle pain, particularly around the Achilles tendon. He utilizes a cane for ambulation. He continues with left sided neck pain. He is status post 12 sessions of physical therapy without benefit. Medication used listed: Norco, Ketamine cream, stool softener and Prozac. He is being treated for: lumbar pain, ankle foot pain, neck strain and sprain and thoracic strain and sprain. Treatment to date included; activity modification, medication oral and topical, physical therapy, surgery, DME. On September 09, 2015 a request was made for one container of Ketamine topical compound cream 60GM that was noncertified by Utilization Review on September 16, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 container of Ketamine 5% cream 60 grams: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Ketamine, Topical Analgesics.

**Decision rationale:** The MTUS Guidelines recommend the use of topical analgesics as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Per the MTUS guidelines, Ketamine is not recommended. There is insufficient evidence to support the use of ketamine for the treatment of chronic pain, therefore, the request for 1 container of Ketamine 5% cream 60 grams is determined to not be medically necessary.