

<b>Case Number:</b>	CM15-0200178		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	05/02/2014
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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 33 year old female, who sustained an industrial injury on 05-02-2014. A review of the medical records indicates that the worker is undergoing treatment for sprain and strain of rotator cuff, cervicobrachial syndrome, sprain and strain of the lumbar and thoracic region and tenosynovitis of the hand and wrist. Subjective complaints on 03-24-2015 include significantly increased right shoulder and arm pain rated as a 6 out of 10. Diclofenac was used on an intermittent basis and was noted to provide benefit. Objective findings showed decreased range of motion of the right shoulder. Subjective complaints (04-21-2015 and 07-09-2015) include intermittent right upper extremity pain. On 04-21-2015, the physician noted that Diclofenac cream provided ongoing pain relief and functional benefit and that she had decreased the use of oral medications with the use of the cream. Objective findings (04-21-2015 and 07-09-2015) include reduced range of motion of the right shoulder. Treatment has included Nabumetone-relafen, Diclofenac Sodium topical, cortisone injection, chiropractic therapy, physical therapy and a functional restoration program. The physician noted on 07-09-2015 that the injured worker was able to wean herself off oral medications but that Diclofenac cream was denied. The injured worker preferred to avoid oral medications if possible and the physician noted that she would be provided with Ketamine cream to be utilized for neuropathic pain. A utilization review dated 09-15-2015 non-certified a request for Ketamine 5% cream 60 gr, apply to affected area three times a day qty: 1 DOS 7-9-2015.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketamine 5% cream 60gr, apply to affected area three times a day Qty: 1.00 DOS 7/9/15:**

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): Topical Analgesics.

**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 under study and has only been reviewed for CRPS. The claimant does not have CRPS. The claimant was on topical Diclofenac in the past. Long-term use of any topical is not recommended. The topical Ketamine is not medically necessary.