

<b>Case Number:</b>	CM15-0207330		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	04/02/2014
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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 38-year-old who has filed a claim for chronic low back, neck, mid back, and knee pain reportedly associated with an industrial injury of April 2, 2014. In a utilization review report dated September 29, 2015, the claims administrator failed to approve a request for a topical ketamine cream. The claims administrator referenced a September 11, 2015 appeal letter in its determination. The applicant's attorney subsequently appealed. On January 29, 2015, the applicant reported multifocal complaints of upper back, lower back, and knee pain. The applicant was using a TENS unit. The applicant was using a cane to move about, the treating provider reported. The applicant's medication list included oral trazodone, buprenorphine, diclofenac cream, and Relafen, several of which were continued and/or renewed. The applicant was given a 10-pound lifting limitation. It was not clear whether the applicant was or was not working with said limitation in place, although this did not appear to be the case. On April 21, 2015, the applicant again reported multifocal pain complaints. The applicant's medication list included oral Naprosyn, topical ketamine, buprenorphine, and Protonix.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

**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 deemed "under study", only recommended in the treatment of neuropathic pain in refractory cases in which all primary and secondary treatments have been exhausted. Here, however, the applicant's concurrent usage of what the MTUS Guideline in ACOEM Chapter 3, page 47 considers first-line oral pharmaceuticals such as oral Naprosyn, effectively obviated the need for the ketamine cream at issue. Therefore, the request was not medically necessary.