

<b>Case Number:</b>	CM15-0207602		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	06/30/1996
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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:

This injured worker is a 68 year old female who reported an industrial injury on 6-30-1996. Her diagnoses, and or impressions, were noted to include: lumbosacral spondylosis; sciatica; neck pain; sacrum disorders; and chronic pain. No imaging studies were noted. Her treatments were noted to include: lumbar facet radiofrequency ablation (2011), 70% effective x 9 months; lumbar epidural steroid injections, helpful; medication management with a failed trial of topical diclofenac, but not of other topicals; and rest from work as she was noted to be retired. The progress notes of 9-29-2015 reported a 3 month re-evaluation visit for: increased low and upper back and trapezial pain; axial low back pain, rated 8-9 out of 10, that radiated to the bilateral lower extremities- posterior thighs, right > left, which increased with movements and activities; increased difficulty with her home exercises due to pain; frustration of denied treatments; and that she tried to manage her pain with as little pain medications as possible. The objective findings were noted to include: pain; anxiety; a slight antalgic gait with use of cane and the ability to ambulate without it; tenderness over the posterior cervical para-spinal muscles and over the lumbar para-spinal muscles, with restricted cervical and lumbar range-of-motion; elicited pain with bilateral lumbar facet loading; decreased sensation in the lumbosacral dermatomes on the right when compared to the left; and decreased left patella reflex with absent bilateral Achilles reflex. The physician's requests for treatment were not noted to include a prescription for Ketamine 5% cream 60 grams to apply to affected area 3 x a day, #1. No Request for Authorization for Ketamine 5% cream 60 grams, #1 was noted in the medical records provided.

The Utilization Review of 10-16-2015 non-certified the request for Ketamine 5% cream 60 grams, #100.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ketamine 5% cream 60gm #100:** Overturned

**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:** The patient presents with pain affecting the neck and low back. The current request is for Ketamine 5% cream 60gm #100. The treating physician report dated 11/16/15 (20B) states, "Please note that the patient has tried Gabapentin and Lyrica (first line neuropathic pain medications) in the past without much benefit." Patient also has a history of liver problems with the use of oral medications. Additionally, the patient has tried extensive conservative treatments. The MTUS guidelines state the following: "Ketamine: Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted." In this case, the patient presents with low back pain that radiates into the bilateral lower extremities and the treating physician is prescribing Ketamine cream to treat the patient's neuropathic pain. Furthermore, the patient has failed multiple first and second line medications as well as extensive conservative therapy. Additionally, the patient tolerates and responds to Ketamine well and the use of this medication "prevents the escalation of oral medications." The current request is medically necessary.