

<b>Case Number:</b>	CM15-0209595		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	04/02/2004
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2015

### 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:

This injured worker is a 52 year old male who reported an industrial injury on 4-2-2004. His diagnoses, and or impressions, were noted to include: lumbar disc displacement without myelopathy; and post-lumbar laminectomy syndrome. No current imaging studies were noted: MRI of the lumbar spine were done on 10-31-2007 & 2-25-2014; MRI of the thoracic spine was done on 3-26-2010; and EMG of the bilateral lower extremities was done on 9-3-2009. His treatments were noted to include: medication management; and rest from work. The progress notes of 9-10-2015 reported: continued pain, rated 7-8 out of 10, which medications helped reduce his pain to a 4 out of 10, and increase his function; that he used Ketamine cream locally on his back allowed for use of less oral medication, and more intermittently, and allowed for longer sitting, lying down and better sleep. The objective findings were noted to include: an antalgic gait and use of cane; tenderness at the lumbosacral junction, left > right, with decreased bilateral lumbar range-of-motion, decreased left lower extremity sensation, decreased left foot dorsiflexion strength, and decreased patella and Achilles reflexes. The physician's requests for treatment were noted to include Ketamine 5% cream, 60 grams, apply to affected area 3 x a day with 2 refills. The Request for Authorization, dated 9-22-2015, was noted to include Ketamine 5% cream 60 grams, apply to affected area 3 x a day, #2. The Utilization Review of 10-1-2015 non-certified the request for Ketamine 5% cream, 60 grams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketamine 5% cream 60 gr:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter subsection under medication/Ketamine.

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

**Decision rationale:** According to the guidelines, topical Ketamine is under study and has only been evaluated for CRPS and herpetic neuralgia. In this case, the claimant does not have these diagnoses. The claimant's pain was reduced due to combined use of Gabapentin and Orphenadrine as well. Although there was benefit with Ketamine, it is not recommended by the guidelines and is not medically necessary.