

<b>Case Number:</b>	CM15-0029236		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	11/13/2012
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 30 year old male, who sustained an industrial injury on 11/13/2012. He has reported subsequent hand and wrist pain and was diagnosed with carpal tunnel syndrome. Treatment to date has included oral pain medication, wrist brace and physical therapy. In a progress note dated 11/04/2014, the injured worker complained of continued pain in the fingers and hands along with hand cramping. Objective physical examination findings were notable for flexion ankylosis of the right fifth digit, inability to fully flex the right middle joints and right fifth digit, allodynia and dysesthesias to light touch and tingling. The physician noted that the injured worker had moderate reduction of pain with the use of topical Ketamine. A request for authorization of Ketamine refill was submitted. On 01/20/2015, Utilization Review non-certified a request for Ketamine cream, noting that there is no mention of failure of other medications for neuropathic pain and no indication of efficacy with past use. MTUS guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Ketamine 5% Cream, 60 grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Functional Improvements.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

**Decision rationale:** The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states regarding topical Ketamine, "Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted." Medical records do not indicate that all primary and secondary treatment options have been exhausted. As such, the request for Retrospective Ketamine 5% Cream, 60 grams is not medically necessary.