

<b>Case Number:</b>	CM15-0214263		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	03/22/2014
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2015

### 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

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:

The injured worker is a 37 year old male who sustained an industrial injury 03-22-14. A review of the medical records reveals the injured worker is undergoing treatment for pain in the hand and lateral epicondylitis. Medical records (09-11-15) reveal the injured worker complains of left elbow pain. The injured worker reports his pain is "worse." The physical exam (09-11-15) reveals left elbow tenderness. Prior treatment includes left elbow surgery, 3 sessions of physical therapy, and medications including Norco and tramadol. The treating provider reports the injured worker reports the tramadol reduces his pain by 25-30%. He reported no relief with Norco. He reported capsaicin cream provided only temporary pain relief. The original utilization review (09-30-15) non-certified the request for Ketamine 5% 60gm.

### 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 DOS: 9/11/15: 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:** The 37 year old patient complains of increasing sensitivity and pain in the left elbow, status post debridement and repair surgery 1 month ago, and right shoulder/hand pain, as per progress report dated 09/11/15. The request is for KETAMINE 5% CREAM 60 gr DOS: 9/11/15. There is no RFA for this case, and the patient's date of injury is 03/22/14. Diagnoses, as per progress report dated 09/11/15, included pain in hand joint and lateral epicondylitis. Current medications included Tramadol, Nabumetone and Capsaicin cream. Prescribed medications included Tramadol and Ketamine cream. The patient is on total temporary disability, as per the same progress report. MTUS chronic pain guidelines 2009, Topical analgesics section and page 111, states that if one of the compounded product is not recommended then the entire compound is not recommended. MTUS guidelines further state other agents: Topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia, and both studies showed encouraging results. Topical clonidine has published reports in animal studies only. Topical gabapentin has no published reports. In this case, a request for Ketamine cream trial is noted in progress report dated 09/11/15. In an appeal letter, dated 10/27/15 (after the UR denial date), the treater states that the patient complains of neuropathic pain for which Ketamine cream is indicated. The treater also mentions that the patient has trialed physical therapy, Naproxen, Nabumetone, Norco, and Ibuprofen with minimal benefit, and Capsaicin cream only offered temporary relief. The Ketamine cream, however, helps reduce pain and dependence on oral medications without side effects. While the topical Ketamine appears to help the patient, MTUS does not support the use of this cream due to lack of reliable and controlled studies. Hence, the request IS NOT medically necessary.