

<b>Case Number:</b>	CM15-0036074		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	09/25/2006
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 42 year old male, who sustained an industrial injury on 09/25/2006. He has reported subsequent back and lower extremity pain and was diagnosed with post-laminectomy syndrome of the lumbar spine and pain in the lower leg joint. Treatment to date has included oral and topical pain medication and physical therapy. In a progress note dated 01/08/2015, the injured worker complained of low back and right knee pain that was rated as 6-7/10. Objective findings were notable for an antalgic gait. The physician noted that the injured worker's lab work showed elevated liver enzymes, that Zanaflex was being discontinued and that topical Ketamine cream was provided as it was less likely to be absorbed systemically. On 02/20/2015, Utilization Review non-certified a request for Ketamine cream, noting that guidelines don't support the use of topical agents in the cited diagnosis and that there was no documentation of efficacy and objective functional benefit. MTUS and ODG guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: Ketamine Cream, 5% 60gr (date of service 09/09/2014): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics / compounded medication. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** Topical analgesics are largely experimental in use and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, the cream was prescribed for neuropathic pain. However, ketamine is still investigational and is only recommended for treatment in refractory cases in which all primary and secondary treatment has been exhausted. In this case, there was no clear documentation of failure of primary and secondary treatments. Thus, the request for ketamine cream 5%, 60 gram is not medically necessary and appropriate.