

<b>Case Number:</b>	CM15-0055244		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	12/04/2013
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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 26 year old female, who sustained an industrial injury on 12/04/2013. The initial complaints or symptoms included left elbow and left shoulder injury and low back pain after falling to the ground. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, conservative therapies, MRIs of the lumbar spine, and work hardening program. Currently, the injured worker complains of continued/ongoing low back pain with radiation into the bilateral lower extremities (right worse than left). The progress notes reported no significant long-term benefit was received from physical therapy and chiropractic manipulation, and an increase in pain with acupuncture. The diagnoses include psychogenic pain, lumbar degenerative disc disease, lumbar disc displacement without myelopathy, sciatica, and long-term medication use. The treatment plan consisted of Ketamine cream, discontinuation of tramadol and gabapentin, lumbar epidural steroid injections, and follow-up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketamine 5% cream 60grm x1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ketamine Topical analgesic Page(s): 56, 113.

**Decision rationale:** The patient presents with lower back pain radiating to lower extremity. The request is for Ketamine 5% Cream 60gram X1. The request for authorization is dated 02/20/15. MRI of the lumbar spine, 06/26/14, show a small disc extrusion, disc herniation at L4-L5 and L5-S1, and evidence of degenerative disc disease at L3-L4, L4-L5 and L5-S1 levels. She has difficulty with prolonged sitting and standing. She continues to report some depression and frustration. She underwent a course of physical therapy without significant long-term benefit. She was referred to acupuncture therapy but actually had increasing pain after the acupuncture treatment trial. She trialed chiropractic treatment but did not receive any significant benefits. She underwent a work hardening program, but did not receive any long-term benefits. She has completed a 6-week functional restoration program and has improved her ability to cope with her pain. She continues to perform home exercise programs. She has trialed different medications including anti-inflammatories without significant benefits. Patient's medications include Nabumetone, Tramadol, Ultracet and Ketamine cream. The patient is on modified work. MTUS Guidelines page 56, chronic pain medical treatment guidelines for ketamine states: Not recommended. There is insufficient evidence to support the use of ketamine for the treatment of chronic pain. MTUS page 113 also has the following regarding ketamine, Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment have been exhausted. Topical ketamine has only been studied for use in non-controlled studies for CRPS 1 and post-herpetic neuralgia, and both have shown encouraging results. Treater does not specifically discuss this medication. Patient is prescribed Ketamine cream per progress reports dated, 02/05/15, 02/18/15 and 04/02/15 for at least 2 months. In the case, the patient presents with neuropathic pain and has failed many treatment therapies for which Ketamine may be indicated. However, there is no MTUS support for use of Ketamine for the treatment of chronic pain. Additionally, patient is not diagnosed with CRPS 1 or post-herpetic neuralgia for which Ketamine cream would be indicated. Furthermore, the treater does not document how this topical cream is being used and with what efficacy. Therefore, the request Is Not medically necessary.