

<b>Case Number:</b>	CM15-0058192		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	09/21/1999
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 68-year-old female injured worker suffered an industrial injury on 09/21/1999. The diagnoses included cervical spinal stenosis, carpal tunnel syndrome and sacroiliitis. The diagnostics included magnetic resonance imaging of the right shoulder and lumbar spine and electromyographic studies. The injured worker had been treated with physical therapy, spinal cord stimulator trial, trigger point injection and epidural steroid injections, medications and multiple orthopedic surgeries. On 2/17/2015 the treating provider reported chronic neck upper extremity and lower back pain rated as "20/10." She reported her pain level is reduced by 40% with medications and is able to walk better with less pain. The treatment plan included Ketamine 5% cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro DOS 1/19/15 Ketamine 5% cream 60 gram:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

**Decision rationale:** The claimant is more than 15 years status post work-related injury and continues to be treated for chronic pain with a diagnosis of failed back surgery syndrome. A spinal cord stimulator is being considered. Topical ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted and has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia. In this case, the claimant does not have a diagnosis of CRPS and additional treatments are being considered for her condition. Therefore, the request is not medically necessary.