

<b>Case Number:</b>	CM14-0110119		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	02/27/2012
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	07/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 43-year-old male who reported an injury on 02/27/2012. He was reportedly picking up material when a piece of plywood fell and hit his shoulder and knocked him to the ground. On 05/14/2014, the injured worker presented with chronic neck and right shoulder pain. The diagnoses were a brachial plexus lesion, neck pain and syndrome cervical brachial. Current medications included pantoprazole, Protonix, Ketamine cream, and gabapentin tablets. Upon examination, the injured worker's gait was normal and not antalgic and ambulated the room without any assistance. The neck and trachea are midline, and there is no evidence of abnormality of the skin, hair, or nails. The provider recommended 2 containers of Ketamine 5% cream. The provider's rationale was not provided. The request for authorization form was not included in medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for 2 containers of Ketamine 5% cream 60 grams DOS:5/14/14:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

**Decision rationale:** The request for 2 containers of Ketamine 5% cream 60 grams is not medically necessary. The California MTUS Guidelines states that transdermal compounds are largely experimental in use with few randomized control trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. There is lack of evidence that the injured worker had failed a trial of antidepressants or anticonvulsants. Additionally, there is lack of evidence of functional deficits detailed in clinical notes. There is no adequate and complete pain assessment of the injured worker. The provider's request does not indicate the frequency or site that the Ketamine cream is intended for in the request as submitted. As such, the request is not medically necessary.

**Retrospective request for Gabapentin 600mg 60 tablets DOS:5/14/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-Epilepsy Drugs Page(s): 18.

**Decision rationale:** The Retrospective request for Gabapentin 600mg with a quantity of 60, date of service 05/14/2014, is not medically necessary. The California MTUS guidelines note that relief of pain with the use of this medication is generally temporary; the measures of lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. The guidelines note gabapentin is shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered a first line treatment of neuropathic pain. It does not appear that the injured worker had a diagnosis congruent with the guideline recommendations of gabapentin. Additionally, the efficacy of the prior use of the medication was not provided. The provider's request does not indicate the frequency of the medication in the request as submitted. Therefore, the request is not medically necessary.