

<b>Case Number:</b>	CM14-0132710		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	09/13/2013
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 Nevada. 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 records presented for review indicate that this 39-year-old gentleman was reportedly injured on September 13, 2013. The mechanism of injury is stated to be repetitive lifting. The most recent progress note, dated June 13, 2014, indicates that there are ongoing complaints of elbow pain and shoulder pain. The physical examination demonstrated decreased left shoulder abduction and extension. There was tenderness at the left elbow on the left wrist. Diagnostic imaging studies of the left wrist revealed a distal radial ulnar joint effusion. Previous treatment includes oral and topical medications a request had been made for ketamine cream and was not certified in the pre-authorization process on July 25, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Ketamine 5% 60gm. Date of service 5/30/14:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

**Decision rationale:** According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatory, lidocaine, and

capsaicin. There is no known efficacy of any other topical agents. Per the MTUS, when one component of a product is not necessary the entire product is not medically necessary. Considering this, the request for ketamine cream is not medically necessary.