

<b>Case Number:</b>	CM14-0152028		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	09/25/2006
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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, has a subspecialty in Pain Medicine 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:

This is a male injured worker who sustained an industrial on 09/25/2006. The mechanism of injury was not described. Diagnoses include lumbar postlaminectomy syndrome and pain in joint lower leg. Previous treatment was not described. Progress note dated 07/17/14 was provided for review and indicates the injured worker reporting complaints of chronic low back pain and right knee pain. Reports the back pain radiates down his left lower extremity. Pain is rated at 7/10. Right knee pain was rated at 4-5/10 and the injured worker reports popping and clicking when walking. He does not report any instability. It was noted that a couple of years ago he was found to have elevated liver enzymes by his Primary Care Physician, per injured worker report. Injured worker reports medications help reduce pain and tolerates them generally well without side effects. The injured worker will be starting physical therapy for the right knee soon. Review of systems was negative for any gastrointestinal complaints. Physical examination revealed gait was antalgic in the injured worker uses a single-point cane for ambulation. Right knee examination revealed tenderness to palpation along the lateral aspect of the right knee and reduced range of motion, decreased by 20% with flexion but full with extension.

Anterior/posterior drawer test, medial/lateral collateral ligament stress test and McMurray signs were negative. Current medications include Tizanidine 4 mg #90 one tablet every 8 hours for muscle relaxant, Pantoprazole 20 mg #60 one tablet every 12 hours, Docusate Sodium 100 mg soft gel 1 tablet twice daily for constipation, Diclofenac sodium topical cream applied to the affected area 3 times daily, Ketamine 5% cream 60gr apply to affected area 3 times daily, Lexapro 5 mg #60 two tablets daily for antidepressant/sleep, Gabapentin 600 mg #60 one tablet at bedtime, and Hydrocodone/APAP 10/325 mg #30 one tablet twice daily as needed for pain. A request for Ketamine cream 5%/60 #1 was non-certified at utilization review on 09/09/14 with the reviewing physician noting that CA MTUS states the topical analgesics are recommended as

an option in certain circumstances. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There was no medical justification provided within the records as to the rationale for the use of this medication, no documented intolerance to oral medications, and no documented failure first-line agents used in the management of neuropathic pain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ketamine Cream 5%/60 fr #1:** Upheld

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

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

**Decision rationale:** The CA MTUS regarding topical analgesics states "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In this case, the requested formulation contains Ketamine, and specific guideline recommendations regarding Ketamine state "Ketamine: Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted." Medical records in this case did not identify failure of first-line oral agents, and it was noted the injured worker continues to be prescribed oral neuropathic agents with gabapentin. The treating provider does not include a rationale indicating why topical Ketamine is prescribed. There is no description of measurable pain relief or functional benefit as a result of use of this medication. As this topical agent contains ingredients not supported by guidelines, the requested Ketamine Cream 5%/60 #1 is not medically necessary.