

<b>Case Number:</b>	CM14-0092118		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	08/04/2009
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	06/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 45-year-old female who reported an injury on 08/04/2009. Reportedly while at work, she had a slip and fall and sustained injuries to her back and hip. The injured worker's treatment history included chiropractic sessions, MRI studies, epidural steroid injections, oral medications, and topical medications. The injured worker was evaluated on 06/10/2014 and it was documented that the injured worker complained of continued chronic low back with radiation to right lower extremity pain. She was a graduate of [REDACTED] with benefit. She had returned back to work. She was working for a new company working with computer parts. She was tolerating her new work much better with less pain. She stated that she had been having "headaches and chest tightness." She is having some abdominal pain on the left side after she takes her medications, particularly the Topamax. She decreased this to a half tablet at bedtime but was still experiencing these symptoms. She utilizes ketamine topical cream for her neuropathic pain in her low back and right lower extremity; however, this has been denied. The physical examination of the lumbar spine revealed gait was normal. There was normal lordosis with no scoliotic deformity. Deep tendon reflexes were symmetrical bilaterally to the patellae and Achilles. There was no clonus sign noted bilaterally. Straight leg raise was positive on the right. Spasm and guarding were noted. Extensor hallucis longus motor strength was 4/5 on the right. Medications included ketamine topical cream and Topamax. Diagnoses included long-term use medicines necessary, therapeutic drug monitor, lumbar disc displacement without myelopathy, disorder sacrum, sciatica, pain psychogenic NEC, and chronic pain NEC. The request for authorization dated 05/23/2014 was for ketamine 5% cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Request for Ketamine 5% Cream, 60gm (#1, plus 2 Refills) for DOS 3/3/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, Topical Analgesics.

**Decision rationale:** The California MTUS indicates topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Regarding the use of Ketoprofen: This agent is not currently FDA approved for a topical application. The compound also included topical ketamine which is under study and is only recommended in treatment of neuropathic pain which is refractory to all primary and secondary treatment. The guidelines do not recommend Ketoprofen and, as such, the use of the compound would not be supported. The request submitted failed to include duration, frequency, and body location where the topical needs to be applied. The documents submitted failed indicate the injured worker failing trials of antidepressants and anticonvulsants. Additionally, there was no diagnosis of neuropathic pain. As such, the request for Retrospective Ketamine 5% Cream, 60 gm (#1 plus 2 refills) for DOS 03/03/2014 is not medically necessary.