

<b>Case Number:</b>	CM15-0124175		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	03/08/2012
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2015

### 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: California

Certification(s)/Specialty: Family Practice

### 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 52 year old female who sustained an industrial injury on 03/08/12. Initial complaints and diagnoses are not available. Treatments to date include medications, spinal cord stimulator, and psychological treatments. Diagnostic studies are not addressed. Current complaints include intractable pain. Current diagnoses include right upper extremity complex regional pain syndrome, depressive disorder, sleep disorder, bilateral knee internal derangement with chondromalacia due to altered gait, and rapid dental decay and temporomandibular joint symptoms. In a progress note dated 05/07/15 the treating provider reports the plan of care as continued home care assistance for 30 hours/week, continued psychological treatment, medications including Ambien, Trazadone, Senokot-S, lidocaine patches, Lyrica, and Cymbalta as well as ketamine/Lidoderm cream. The requested treatment includes ketamine/Lidoderm cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Compound - Ketamine/Lidocaine cream 10%:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of topical analgesics, including the components relevant to this case (i.e. ketamine and lidocaine). Topical analgesics are considered as 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. 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. Regarding the component, ketamine, the MTUS guidelines state the following: Ketamine: Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. In this case, there is insufficient evidence that the use of this compounded topical analgesic is intended for the treatment of neuropathic pain. Further, as noted above regarding the use of ketamine, there is insufficient documentation that all primary and secondary treatment modalities have been exhausted. Given that the use of ketamine is not supported, based on the above cited guidelines, the compounded formulation of ketamine and lidocaine cream is not considered as medically necessary.