

<b>Case Number:</b>	CM15-0129308		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	03/16/2009
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 36-year-old who has filed a claim for chronic hand, wrist, and finger pain reportedly associated with an industrial injury of March 16, 2009. In a Utilization Review report dated June 25, 2015, the claims administrator failed to approve a request for ketamine-containing topical compounded cream apparently dispensed on or around June 3, 2015. The applicant's attorney subsequently appealed. On June 3, 2015, the applicant reported ongoing complaints of bilateral hand and bilateral upper extremity pain, exacerbated by gripping and grasping. The applicant was using Motrin, Phentermine, Lexapro, and a diclofenac-containing topical compound, it was reported. A ketamine-containing compound was noted. The applicant was given a diagnosis of carpal tunnel syndrome. It was suggested that the applicant was working with restrictions in place.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketamine 5 Percent Cream 60 Gram As Listed in 6/3/15 Visit Note Qty 1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine  
Page(s): 113.

**Decision rationale:** No, the request for a ketamine-containing topical compound was not medically necessary, medically appropriate, or indicated here. As noted on page 113 of the MTUS Chronic Pain Medical Treatment Guidelines, topical ketamine is only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatments have been exhausted. Here, however, the applicant's ongoing usage of first line oral pharmaceuticals, including ibuprofen, effectively obviated the need for the ketamine-containing cream in question. Therefore, the request was not medically necessary.