

<b>Case Number:</b>	CM15-0036970		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	08/23/2006
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: Physical Medicine & Rehabilitation

### 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 47-year-old male, who sustained an industrial injury on 8/23/2006. The current diagnoses are neck pain and status post anterior cervical fusion. Currently, the injured worker complains of chronic neck pain that radiates down his bilateral upper extremities associated with numbness and tingling, left worse than right. Current medications are Phenergan, Capsaicin, Ketamine, Ambien, Morphine, Norflex, Protonix, Norco, and Simvastatin. The physical examination of the cervical spine reveals tenderness to palpation along the paraspinous muscles with associated muscle tension extending into the left upper trapezius muscle. Range of motion is decreased and painful. Treatment to date has included medications, epidural steroid injection, acupuncture, and surgery. The treating physician is requesting Ketamine 5% cream 60gr QTY 2 (DOS 1/8/2013), which is now under review. On 2/12/2015, Utilization Review had non-certified a request for Ketamine 5% cream 60gr QTY 2 (DOS 1/8/2013). The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketamine 5% cream 60 gr QTY 2 DOS 1/8/2013:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** According to the 02/04/2015 progress report, this patient presents with chronic neck pain and back pain with pain at a 4/10. The current request is for Ketamine 5% cream 60 gr QTY 2 DOS 1/8/2013. The request for authorization is on 01/15/2015. The patient's work status was not mentioned this report. Regarding topical analgesics, MTUS states that if one of the compounded product is not recommended then the entire compound is not recommended. MTUS guidelines further states "Other agents: Topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia, and both studies showed encouraging results. Topical clonidine has published reports in animal studies only. Topical gabapentin has no published reports." In this case, Ketamine is not recommended in a topical formulation. The request IS NOT medically necessary.