

<b>Case Number:</b>	CM15-0090606		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	08/23/2006
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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: North Carolina  
 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 47 year old male who reported an industrial injury on 8/23/2006. His diagnoses, and/or impressions, are noted to include: right cervical herniation with stenosis, degenerative cervical disc disease, displacement, and status-post cervical spine fusion; and long-term use of medications. Recent computed tomography imaging studies are stated to have been reviewed on 2/19/2015, which indicated the need for electromyogram of the upper extremity and likely cervical surgery. His treatments have included cervical fusion surgery; injection therapy (2014) - ineffective; acupuncture therapy - mildly effective; medication management with recent inconsistent urine toxicology screen; and has been classified as permanent and stationary with permanent disability. Progress notes of 3/4/2015 noted complaints of chronic neck and back pain. The objective findings were noted to include normal muscle tone, without atrophy, of all extremities; tenderness and painful range-of-motion of the cervical spine/neck, with associated muscle tension extending into the left upper trapezius muscle. The physician's requests for treatments were noted to include continuation of Ketamine cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective (DOS: 12/11/12) Ketamine 5% #2: Upheld**

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

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

**Decision rationale:** The California MTUS section on the requested medication states: Ketamine: Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia and both have shown encouraging results. The exact mechanism of action remains undetermined. (Gammaitoni, 2000) (Lynch, 2005) See also Glucosamine (and Chondroitin Sulfate). The patient does not have a primary diagnosis of CRPS and therefore the request is not medically necessary.