

<b>Case Number:</b>	CM15-0092192		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	06/09/1992
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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 61 year old female who sustained an industrial injury on 06/09/1992. Mechanism of injury occurred while working as a nurse when she was removing a crash cart used for emergencies. She describes injuries to her neck and right shoulder. Diagnoses include bilateral upper and lower extremity complex regional pain syndrome and neuralgia. She has additional diagnoses of hypertension, history of urolithiasis, cervical spondylosis, and right thoracic outlet syndrome. Treatment to date has included diagnostic studies, medications, behavioral counseling, physical therapy, occupational therapy, chiropractic session, sympathetic nerve blocks, and status post cervical fusion. Her medications include Topamax, Doxepin, and Zanaflex, Klonopin, and Ketamine compound cream. Her medications allow her to maintain functionality. A physician progress note dated 02/03/2015 documents the injured worker rates her pain as 7 out of 10, and her pain is constant and she has intermittent spikes of pain rated 10 out of 10. Her pain is associated with headaches and shoulder pain. She reports allodynia of her upper and lower extremities with sensitivity heightened when she wears tight clothes. She has poor sleep due to pain. Treatment requested is for Ketamine 10%/Ketoprofen 10%/Lidocaine 5% cream 100gm with 4 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketamine 10%/Ketoprofen 10%/Lidocaine 5% cream 100gm with 4 refills: Upheld**

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

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) 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. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not certified.