

<b>Case Number:</b>	CM13-0029248		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	03/31/2011
<b>Decision Date:</b>	02/05/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty Certificate in Fellowship in Cardiovascular Disease and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 47-year-old female who reported an injury on 03/21/2011. The patient is diagnosed with complex regional pain syndrome of the right upper and right lower extremities. The patient was recently seen by [REDACTED] on 10/29/2013. The patient complained of right foot and arm pain. Physical examination revealed no apparent distress, no loss of coordination, and right hand improvement. Treatment recommendations included continuation of current medication

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Intravenous Ketamine Treatment for CRPS: 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 Page(s): 56.

**Decision rationale:** California MTUS Guidelines state Ketamine is not recommended. There is insufficient evidence to support the use of Ketamine for the treatment of chronic pain. There are

no quality studies that support the use of Ketamine for chronic pain, and it is currently under study for CRPS. More study is needed to further establish the safety and efficacy of this drug. As per the clinical notes submitted, the patient does maintain a diagnosis of CRPS. However, this treatment is not supported by California MTUS, as it is considered an investigational protocol. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.