

Case Number:	CM13-0032806		
Date Assigned:	12/06/2013	Date of Injury:	07/25/2001
Decision Date:	02/24/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	10/08/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Illinois and 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.

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 California MTUS Guidelines do not recommend Ketamine as there is insufficient evidence to support the use of Ketamine for chronic pain. The clinical documentation was not provided to support the request. Given the above, the request for pharmacy purchase of Ketamine hydrochloride 100%, 360 is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine Hydrochloride 100% #360: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56.

Decision rationale: The California MTUS Guidelines do not recommend Ketamine as there is insufficient evidence to support the use of Ketamine for chronic pain. The clinical documentation was not provided to support the request. Given the above, the request for pharmacy purchase of Ketamine hydrochloride 100%, 360 is not medically necessary.