

Case Number:	CM13-0041682		
Date Assigned:	12/20/2013	Date of Injury:	04/23/2010
Decision Date:	04/21/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/30/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/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:

According to the records made available for review, this is a 47-year-old female with a 4/23/10 date of injury and status post ketamine infusion in July 2013 which substantially helped the right upper extremity allodynia. At the time (9/13/13) of request for authorization for quarterly ketamine infusions for right upper extremity, there is documentation of subjective (ipsilateral spread of CRPS pain to the right thigh) and objective (persistent allodynia and weakness in the right upper extremity with ankylosis as well as areas of right thigh allodynia and sensitivity) findings, current diagnoses (severe complex regional pain syndrome in the right upper extremity), and treatment to date (intermittent ketamine infusions, last one in July 2013 which substantially helped the right upper extremity allodynia). In addition, 9/13/13 medical report rationale identifies that quarterly ketamine infusions are for maintenance of pain control, given the patient's severe CRPS and positive response with previous ketamine infusions.

IMR ISSUES, DECISIONS AND RATIONALES

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

QUARTERLY KETAMINE INFUSIONS FOR RIGHT UPPER EXTREMITY: 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 Ketamine Page(s): 56. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Ketamine

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that ketamine is not recommended for the treatment of chronic pain, but it is under study for CRPS. ODG identifies that ketamine is not recommended and there is insufficient evidence to support the use of ketamine for the treatment of CRPS. Therefore, based on guidelines and a review of the evidence, the request for quarterly ketamine infusions for right upper extremity is not medically necessary.