

<b>Case Number:</b>	CM13-0060741		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/04/2009
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2013

### 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 Orthopedic Surgery, and is licensed to practice in Pennsylvania. 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:

The claimant is a 44-year-old female injured in a work-related accident on June 4, 2009. The records indicate multiple underlying orthopedic injuries. The records available for review include a November 19, 2013, follow-up report by [REDACTED], in which the claimant was noted to have complaints of reflex sympathetic dystrophy to the bilateral upper extremities, as well as left lower extremity pain and right ulnar neuropathy. Scapular discomfort was noted, and the report states that the claimant is utilizing Ketamine infusions monthly, which have been beneficial. She was also utilizing oral medications, Naprosyn and topical compounding creams. Physical examination findings demonstrated atrophy of the right hand with no erythema; no other findings were documented. This request is for referral to orthopedic surgeon [REDACTED] for ulnar transposition surgery, continuation of medications to include topical compounds, continued Ketamine infusions, and a right scapular trigger point injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRIGGER POINT INJECTIONS, UPPER BACK:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 123.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

**Decision rationale:** Based on California MTUS Chronic Pain Guidelines, trigger point injections for the upper back would not be indicated. While the claimant is noted to have subjective complaints of scapular pain, there is no documentation of physical examination findings that demonstrates trigger points to the scapular area for which injections are being recommended. The lack of documentation of a twitch response or documentation of other forms of conservative care in regards to the claimant's scapular complaints would fail to necessitate the role of the requested injection therapy.

**KETAMINE INFUSION AT KECK MEDICAL CENTER:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Implantable drug-delivery systems (IDDSs) Page(s): 52-53.

**Decision rationale:** California MTUS Chronic Pain Guidelines do not support the role for Ketamine infusion, an end-stage treatment, given: the absence of documentation of previous conservative measures; formal documentation of imaging to support current diagnosis; or further documentation of physical examination findings to demonstrate pertinent positive examination. Per Chronic Pain Guidelines, the request for chronic infusions of Ketamine would only be indicated when there is a documented failure of more than six months of conservative modalities (pharmacologic, surgical, psychologic or physical), or when further surgical intervention or other treatment is not indicated or likely to be effective. The medical records document that this individual is also being referred for ulnar transposition surgery. The specific request for continued infusion of Ketamine would not be indicated.

**CONSULTATION WITH ORTHO SURGEON, [REDACTED] REGARDING POSSIBLE RIGHT ULNAR TRANSPOSITION SURGERY. RECOMMEND PNB FOR SURGICAL PROCEDURE AND KETAMINE INFUSION ONE WEEK PRIOR TO SURGERY AND ONE WEEK AFTER:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 127.

**Decision rationale:** California ACOEM Guidelines would not support orthopedic consultation for the claimant's right elbow because the records provided for review do not document physical examination findings that would indicate a diagnosis of cubital tunnel syndrome or support the need for a cubital tunnel release. With the claimant's diagnosis of bilateral reflex sympathetic dystrophy with significant upper extremity atrophy, this request for acute surgery to the elbow would not be medically indicated.

**MEDICATION- TOPICAL KETAMINE 15%, BACLOFEN 2%, CYCLOBENZAPRINE 2%, DICLOFENAC 3%, GABAPENTIN 6%, ORPHENADRINE 5%, TETRACAINE 2%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 49.

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

**Decision rationale:** California MTUS Chronic Pain Guidelines do not support the use of topical compounds in this case. The requested compound contains Ketamine, Baclofen, Cyclobenzaprine, Diclofenac, Gabapentin, and Tetracain. The reviewed records do not reference findings that would support the topical use of Ketamine, Cyclobenzaprine or Gabapentin. According to the Chronic Pain Guidelines criteria, the topical compounded agent that contains multiple agents which are currently not recommended would in and of itself also not be supported as medically necessary.