

<b>Case Number:</b>	CM13-0060993		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/05/2002
<b>Decision Date:</b>	04/10/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic regional pain syndrome of the upper extremity reportedly associated with an industrial injury of August 5, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; multiple stellate ganglion blocks; a TENS unit; and topical patches. In a utilization review report of November 26, 2013, the claims administrator denied a request for Ketamine infusion therapy, citing non-MTUS-ODG Guidelines, although the MTUS does address the topic at hand. The applicant's attorney subsequently appealed. A clinical progress note of November 13, 2013 is notable for comments that the applicant reports persistent burning right upper extremity pain with associated numbness, tingling, allodynia, sweating, mottling, and edema. The applicant states that a TENS unit has failed. She is presently on Norco, Dilaudid, and lidocaine patches. Low-dose Ketamine infusion therapy is endorsed. The applicant's work status is not detailed, although it does not appear that she has returned to work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LOW DOSE KETAMINE INFUSION THERAPY 5 TIMES A WEEK FOR 2 WEEKS, THEN TWICE A WEEK FOR 4 WEEKS FOR THE RIGHT UPPER EXTREMITY RSD/CRPS:** 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 Ketamine Topic Page(s): 56.

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, Ketamine is "not recommended" in the treatment of chronic pain. There are no quality studies which support the usage of Ketamine for chronic pain and is considered understudy for chronic regional pain syndrome. In this case, the attending provider does not proffer any compelling rationale or narrative along with the request for authorization so as to try and offset the unfavorable MTUS recommendation. The request for low dose Ketamine infusion therapy 5 times a week for 2 weeks then 2 times a week 4 four weeks for right upper extremity RSD/CRPS are not medically necessary and appropriate.