

Case Number:	CM13-0061983		
Date Assigned:	12/30/2013	Date of Injury:	02/09/2011
Decision Date:	08/06/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/02/2013

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 Physical Medicine and Rehabilitation 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 patient is a 40 year old female who was injured on 02/09/2011. The mechanism of injury is unknown. Prior treatment history has included ganglion block, Ketamine, upper thoracic epidural steroid injection which improved her symptoms by 50 to 60%. Pain management note dated 10/24/2013 indicates the patient complained of severe burning, hypersensitivity pain involving her right upper extremity. Objective findings on exam revealed muscle fatigue and spasms involving the right shoulder and upper back, and also the right axilla. She has positive allodynia and hypersensitivity involving the right inner elbow. She is highly protective of her right upper extremity. She has difficulty with range of motion in the right elbow due to the pain. Range of motion of the right shoulder, elbow, and wrist were decreased. Diagnostic impressions are causalgia of upper limb, mononeuritis of upper limb and mononeuritis multiplex, injury to peripheral nerves of shoulder girdle and upper limb; ulnar nerve. It is felt the patient would benefit from Ketamine IV under a controlled environment in the operating room with an anesthetist present. There is no current information to review. Prior utilization review dated 12/02/2013 states the request for IV Ketamine therapy under controlled environment in operating room 10/4/13 is not certified as it is not supported by MTUS and is not supported to be medically necessary. The patient is a 40 year old female who was injured on 02/09/2011. The mechanism of injury is unknown. Prior treatment history has included ganglion block, Ketamine, upper thoracic epidural steroid injection which improved her symptoms by 50 to 60%. Pain management note dated 10/24/2013 indicates the patient complained of severe burning, hypersensitivity pain involving her right upper extremity. Objective findings on exam revealed muscle fatigue and spasms involving the right shoulder and upper back, and also the right axilla. She has positive allodynia and hypersensitivity involving the right inner elbow. She is highly protective of her right upper extremity. She has difficulty with range of motion in the right

elbow due to the pain. Range of motion of the right shoulder, elbow, and wrist were decreased. Diagnostic impressions are causalgia of upper limb, mononeuritis of upper limb and mononeuritis multiplex, injury to peripheral nerves of shoulder girdle and upper limb; ulnar nerve. It is felt the patient would benefit from Ketamine IV under a controlled environment in the operating room with an anesthetist present. There is no current information to review. Prior utilization review dated 12/02/2013 states the request for IV Ketamine therapy under controlled environment in operating room 10/4/13 is not certified as it is not supported by MTUS and is not supported to be medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

IV KETAMINE THERAPY UNDER CONTROLLED ENVIRONMENT IN OPERATING ROOM, DOS: 10/4: Upheld

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

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, Ketamine.

Decision rationale: The MTUS and ODG guidelines do not recommend IV Ketamine as a treatment for chronic pain. The medical records do not provide any evidence that supports its use as a treatment option. Based on the MTUS and ODG guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.