

Case Number:	CM13-0062354		
Date Assigned:	12/30/2013	Date of Injury:	01/11/2007
Decision Date:	06/06/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/06/2013

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 39 year-old female, who was injured on 1/11/2007. She has been diagnosed with left shoulder internal derangement; Reflex Sympathetic Dystrophy; r/o cervical disc displacement. According to the 9/5/13 orthopedic report, the patient presents with right shoulder pain that shoots down the entire right upper extremity. She sees [REDACTED] for pain management. She has CRPS and implanted stimulator that failed. She takes ketamine in pill form by [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

KETAMINE INFUSION 3 HOUR: Upheld

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

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

Decision rationale: The patient presents with neck and right upper extremity pain from RSD and left shoulder internal derangement. She is reported to be taking oral Ketamine and has an implanted stimulator that is not functioning. MTUS Chronic Pain Guidelines specifically states

Ketamine is not recommended. The guidelines state that there is insufficient evidence to support the use of ketamine for the treatment of chronic pain. The request for use of Ketamine in a 3-hour infusion is not in accordance with MTUS guidelines.