

Case Number:	CM13-0062649		
Date Assigned:	12/30/2013	Date of Injury:	04/05/2012
Decision Date:	05/16/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/09/2013

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 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 report dated 11/05/2013, the treater states the patient is positive for reflex sympathetic dystrophy and complex regional pain syndrome. The patient's past surgical history includes L5-S1 fusion which she had back in 2003. Examination revealed the patient has right upper extremity swelling and molting in her hand and her forearm along with some spasticity. The patient was noted to walk with a limp because she has some pain sensitivity in her feet. Treater notes the patient appears to have progression of this disease. Treater feels the patient will benefit from low-dose Ketamine infusion for her RSD/CRPS due to her widespread disease. The treater reports that there are prerequisites prior to the treatment. The patient will need to have 2 clearances, one from a cardiologist and one from a psychologist. The initial protocol for low-dose Ketamine infusion will be Monday to Friday for 2 weeks then two treatments a week for 4 weeks. Following this, plan is to wean the treatment out to 2 treatments every 2 weeks and continue to wean out accordingly as the symptomatology decreases.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTRAVENOUS KETAMINE INFUSION 1 TIME A WEEK FOR 4 WEEKS: 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, 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: This patient presents with reflex sympathetic dystrophy and complex regional pain syndrome. The treater is requesting low-dose Ketamine infusion for the patient's RSD/CRPS. The MTUS Chronic Pain Guidelines states the following regarding Ketamine, "Not recommended. There is insufficient evidence to support the use of Ketamine for the treatment of chronic pain. There are no quality studies that support the use of Ketamine for chronic pain, but it is under study for CRPS." The ODG states, "Not recommended. There is insufficient evidence to support the use of Ketamine for the treatment of CRPS." The request is therefore not medically necessary and appropriate.

INTRAVENOUS KETAMINE INFUSION THERAPY 2 TIMES A WEEK TIMES 4 WEEKS: 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, 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: This patient presents with reflex sympathetic dystrophy and complex regional pain syndrome. The treater is requesting low-dose Ketamine infusion for the patient's RSD/CRPS. The MTUS Chronic Pain Guidelines states the following regarding Ketamine, "Not recommended. There is insufficient evidence to support the use of Ketamine for the treatment of chronic pain. There are no quality studies that support the use of Ketamine for chronic pain, but it is under study for CRPS." The ODG states, "Not recommended. There is insufficient evidence to support the use of Ketamine for the treatment of CRPS." The request is therefore not medically necessary and appropriate.

INTRAVENOUS KETAMINE INFUSION 1 TIME A WEEK FOR 2 WEEKS: 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, 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: This patient presents with reflex sympathetic dystrophy and complex regional pain syndrome. The treater is requesting low-dose Ketamine infusion for the patient's RSD/CRPS. The MTUS Chronic Pain Guidelines states the following regarding Ketamine, "Not recommended. There is insufficient evidence to support the use of Ketamine for the treatment of chronic pain. There are no quality studies that support the use of Ketamine for chronic pain, but it is under study for CRPS." The ODG states, "Not recommended. There is insufficient evidence to support the use of Ketamine for the treatment of CRPS." The request is therefore not medically necessary and appropriate.

PORT PLACEMENT RIGHT UPPER EXTREMITY FOR INTRAVENOUS KETAMINE INFUSION: 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, 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: This patient presents with reflex sympathetic dystrophy and complex regional pain syndrome. The treater is requesting low-dose Ketamine infusion for the patient's RSD/CRPS. The MTUS Chronic Pain Guidelines states the following regarding Ketamine, "Not recommended. There is insufficient evidence to support the use of Ketamine for the treatment of chronic pain. There are no quality studies that support the use of Ketamine for chronic pain, but it is under study for CRPS." The ODG states, "Not recommended. There is insufficient evidence to support the use of Ketamine for the treatment of CRPS." Considering Ketamine is still under study and a recommendation cannot be made for Ketamine to be administered via IV, the requested port placement is not necessary. The request is therefore not medically necessary and appropriate.