

Case Number:	CM14-0004946		
Date Assigned:	02/05/2014	Date of Injury:	11/09/2007
Decision Date:	06/20/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/14/2014

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 Surgeon and is licensed to practice in Texas. 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 injured worker is a 42 year old female injured on 11/09/07 due to an undisclosed mechanism of injury. Current diagnoses include complex regional pain syndrome, type 1, right upper extremity with associated right elbow, shoulder, wrist, and ankylosis, status post spinal cord stimulator implant and revision, contralateral spread of complex regional pain syndrome to the left upper extremity, Sudeck's atrophy right upper extremity with severe contracture/atrophy, status post Ketamine infusion, and gastroesophageal reflux disease. The clinical note dated 11/15/13 indicated the injured worker presented complaining of increased pain in the right upper extremity following previous Ketamine infusion performed on 09/27/14 that alleviated her pain approximately 80%. The documentation indicates the injured worker was initially able to discontinue use of opioids; however, she is now requiring refill of her Roxycodone 15mg TID for breakthrough pain. The injured worker underwent Ketamine infusion requiring 5 day admission, peripheral IV access, IV sedation with Midazolam, Propofol, and an escalation of ketamine infused on each date infused over 4 hour period. The post-infusion clinical note dated 10/04/13 indicates the injured worker reported 80% reduction in pain; however, continued to guard her right upper extremity which remained in an immobilizer and wrapped in a towel. The injured worker was continued on Baclofen 20mg 3 times a day, Lyrica 200mg 3 times a day, Cymbalta 60mg once a day, Restoril 15mg QHS, and Ketamine 50mg twice a day. The injured worker has previously undergone Ketamine infusions beginning 02/25/13 x 5 days, 06/18/13 x 5 days, and 09/27/13 x 5 days. The initial request for quarterly Ketamine infusion in 3 months was initially non-certified on 12/18/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

QUARTERLY KETAMINE INFUSION IN THREE MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, KETAMINE,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , 9792.20, KETAMINE, 56

Decision rationale: As noted on page 56 of the Chronic Pain Medical Treatment Guidelines, Ketamine is not recommended for the treatment of CRPS. 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 pain. The use of Ketamine is considered experimental and investigational. Ketamine is an anesthetic used in animals and humans and is currently FDA approved as an anesthetic agent for diagnostic and surgical procedures that do not require skeletal muscle relaxation or for the induction of anesthesia prior to the administration of other general anesthetic agents. Ketamine injection is best suited for short procedures but can be used, with additional doses for longer procedures. As such, the request for quarterly Ketamine infusion in 3 months is not medically necessary.