

Case Number:	CM14-0139721		
Date Assigned:	09/05/2014	Date of Injury:	09/06/2009
Decision Date:	10/09/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/28/2014

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 Internal Medicine and Pulmonary Diseases 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 injured worker is a 51-year-old female who reported an injury on 09/06/2009 when she reportedly fell at work as a labor and delivery nurse. The injured worker's treatment history included medications, MRI studies, spinal cord stimulator, physical therapy sessions, and psychological evaluation and treatment. The injured worker was evaluated on 08/22/2014 and it was documented that the injured worker complained of bilateral upper extremity pain and bilateral lower extremity pain. The injured worker rated her pain with medication as 7/10 on the pain scale. The injured worker rated her pain without medications at 10/10. No new problems or side effects. Quality of sleep was poor. She denied any new injuries since last visit. Her activity level had decreased. She presented earlier for her follow up visit. She stated she cannot make her regular appointment as she is leaving for Los Angeles as she is scheduled for ketamine infusion trial with [REDACTED] at [REDACTED] on 08/26/2014. Objective findings included the injured worker was set to buy a wheelchair. Lumbar spine revealed surgical scar, range of motion was restricted with flexion limited to 40 degrees, but normal extension. On palpation of paravertebral muscles, hypertonicity, spasm and tenderness were noted in the left side. Spinous process tenderness was noted on L3, L4 and L5. The injured worker could not walk on heel or toes due to pain. Straight leg raising test was negative. On examination, both wrist joints reveal swelling. Range of motion was restricted with palmar flexion limited to 50 degrees, limited by pain and dorsiflexion limited to 50 degrees. Tenderness to palpation was noted over radial side and left wrist more than right. Injured worker was able to make a fist, but painful. It was evaluated on 09/02/2014 and it is documented that the injured worker had undergone 1 ketamine infusion. The injured worker was initially authorized 1 treatment. The provider noted, upon immediately waking up, pain returned to her wrist, which was the initial site of injury. The relief that the patient felt in her knees lasted for 1 day. No side effects from the ketamine, feeling that the

scopolamine patch helped manage the post procedure nausea, which was common. The injured worker was interested in pursuing these infusions as a trial in anticipation on moving forward with series of 10 infusions. She noted that her pain at the time of visit was described as moderate to severe, burning, stabbing and worse in the left wrist versus in the right. Medications included Percocet 10/325 mg, fentanyl patch 75 mcg, Galise 3600 mg, Cymbalta 60 mg, levothyroxine 100 mcg, and estrogen. Diagnoses included RSD (Reflex Sympathetic Dystrophy Syndrome) upper limb, wrist pain, and extremity pain. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extension of previously authorized 1 session of Ketamine Trial: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for extension of previously authorized 1 session of Ketamine Trial is not medically necessary. Chronic Pain Medical Treatment guidelines do not recommend Ketamine. 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 (complex regional pain syndrome). Ketamine is an anesthetic in animals and humans, and also a drug of abuse in humans, but ketamine may offer a promising therapeutic option in the treatment of appropriately selected patients with intractable CRPS. More study is needed to further establish the safety and efficacy of this drug. One very small study concluded that ketamine showed a significant analgesic effect on peripheral neuropathic pain, but the clinical usefulness is limited by disturbing side effects. Another study by the same author with a sample size too small for ODG (Official Disability Guidelines) (10) concluded that ketamine showed a significant analgesic effect in patients with neuropathic pain after spinal cord injury, but ketamine was associated with frequent side effects. The injured worker had Ketamine, however after immediately waking up, her pain returned in her wrist. Additionally, there were no documents from the provider of the outcome measurements after the procedure was done. As such the request is not medically necessary.