

Case Number:	CM14-0152033		
Date Assigned:	09/22/2014	Date of Injury:	05/03/2011
Decision Date:	11/17/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/18/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Louisiana. 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 26 year old male who was injured on 05/03/2011. The mechanism of injury is unknown. Prior treatment history has included Soma, Norco, Dilaudid, and Dexilant. Encounter note dated 08/28/2014 states the patient presented for psychological testing. The patient developed increased thoracic pain that resulted in him spending a week in bed. He developed severe chest and right knee pain with associated nausea and was prescribed promethazine on 08/25/2014. He rated his pain as an 8/10 in the thoracic, trapezius and right knee pain. On exam, straight leg raise is at 50 degrees bilaterally. His bilaterally patellar reflexes were 1 and Achilles were 0 with toes downgoing. He is diagnosed with atypical complex regional pain syndrome. He was recommended for a consultation with [REDACTED] for Ketamine infusion. Prior utilization review dated 09/09/2014 states the request for Consult for ketamine fusion injections is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult for ketamine fusion injections: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Independent Medical Examinations and Consultations pages 503-524

Decision rationale: The Chronic Pain Medical Treatment Guidelines do not endorse the clinical efficacy and medical necessity of ketamine infusion therapy, and when this treatment modality is utilized, it is generally as a final effort to avoid implantable technology such as implantable drug delivery system or spinal cord stimulator. In this case, the medical necessity for the ketamine infusion therapy consultation cannot be established based upon the clinical guidelines and lack of documentation to support the use of ketamine for treatment of chronic pain. Therefore, this request is not medically necessary.