MAXIMUS Federal Services

| Case Number: | CM14-0156965 | | |
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| Date Assigned: | 09/29/2014 | Date of Injury: | 07/09/2003 |
| Decision Date: | 12/15/2014 | UR Denial Date: | 09/18/2014 |
| Priority: | Standard | Application Received: | 09/25/2014 |

## 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, has a subspecialty in Pain Medicine 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 49-year-old female who reported injuries of unspecified mechanism on 07/09/2003. On 08/20/2014, her diagnoses included status post bilateral carpal tunnel and de Quervain's release with EMG confirmed mild residual bilateral median neuropathy; radiating burning pain, hypersensitivity, and decreased temperature secondary to complex regional pain syndrome type 1 and 3 bilaterally, right side worse than left; depression and insomnia from pain; bilateral feet/leg pain, edema, hyperalgesia from spread of CRPS; and nonindustrial history of colon and ovarian cancer. Her complaints included continuous moderate to high severity bilateral hand and upper and lower limb pain, secondary to CRPS. She noted improvement in her pain and emotional state with her medication and behavior pain therapy. Her depression was rated 4/10 which was down considerably with the use of Wellbutrin 300 mg, Trazodone 50 mg, and counseling. Her other medications included Miralax, Nucynta 75 mg, and ibuprofen 800 mg. Her upper limb CRPS fluctuated with activity and worsened with stress. Her pain extended from the neck to her hands on the left side and from her shoulder to her hand on the right side. The pain remained constant, moderate, and occasionally severe, averaging 5/10 with Nucynta and 9/10 without it. Her medications improved her ability to walk, sleep, stand, and use her arms. Her medications occasionally caused mild nausea and constipation. The treatment plan included daily IV Ketamine infusion therapy over a 1 week period. The rationale for the requested therapy was that it had been shown in several controlled studies to be of potential benefit. There was a risk of memory loss but otherwise the safety profile appeared to be acceptable. The following day, on 08/21/2014, in consultation with her psychotherapist, she was noted to be very apprehensive about undergoing "the procedure" which referred to the Ketamine infusion therapy. She was encouraged by her therapist to discuss the risks and benefits with her physician so that

she had all the information she needed to make a decision about proceeding. There was no Request for Authorization included in this injured worker's chart.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**IV Ketamine infusion therapy 1 week for CRPS upper limbs:** 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.

**Decision rationale:** The request for IV Ketamine infusion therapy 1 week for CRPS upper limbs is not medically necessary. The California MTUS 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. It 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. The guidelines do not support the use of this medication. Therefore, the request for IV Ketamine infusion therapy 1 week for CRPS upper limbs is not medically necessary.