

Case Number:	CM14-0178234		
Date Assigned:	10/31/2014	Date of Injury:	12/13/2011
Decision Date:	12/08/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/27/2014

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 Occupational 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:

This patient is a 45 year old female who has developed a right upper extremity Complex Regional Pain Syndrome (CRPS) subsequent to an injury dated 12/12/11. She is currently treated with oral analgesics with moderate benefits. She has been through courses of therapy. She was started on oral Ketamine that was reported to have benefits initially, but these benefits have waned over time. A cardiology evaluation was requested in preparation for a possible Ketamine infusion that was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine Treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Ketamine

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine Page(s): 56. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Ketamine

Decision rationale: MTUS Guidelines do not recommend the use of Ketamine for chronic pain, but note that there is preliminary soft evidence for use with Complex Regional Pain Syndrome (CRPS), however the Guidelines do not recommend its use. ODG Guidelines provides updated

reviews on this topic and specifically state that Ketamine is not recommended for use in Complex Regional Pain Syndrome (CRPS) . There are no unusual circumstances to justify and exception to Guidelines. The Ketamine (oral and/or infusion) is not medically necessary and appropriate.

Cardiology Consult and EKG: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Ketamine

Decision rationale: The Cardiology consult and EKG have been directly requested in relation to a treatment that is denied. With the recommended denial of the treatment, the Cardiology consult and EKG are not medically necessary.

Tizanidine: Overturned

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 CRPS Page(s): 41; 66.

Decision rationale: In general, MTUS Guidelines do not support the chronic use of muscle relaxants, however the Guidelines point out that Tizanidine can be a reasonable exception to these recommendations. Tizanidine has recognized use for spasticity that this patient is developing due to the CRPS. Under these circumstances the use of Tizanidine is consistent with Guidelines and is medically necessary.

Baclofen: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

Decision rationale: In general, MTUS Guidelines do not support the chronic use of muscle relaxants, however the Guidelines point out that Baclofen can be a reasonable exception to these recommendations. Baclofen has recognized use for spasticity that this patient is developing due to the Complex Regional Pain Syndrome (CRPS). It is not being utilized as a general muscle relaxant. Under these circumstances the use of Baclofen is consistent with Guidelines and is medically necessary.

Tramadol ER: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

Decision rationale: MTUS Guidelines recommends specific documentation supporting the benefits from Opioid medications. The treating physician provides little documentation in this regard, however this is a unique situation with a well-established CRPS syndrome and the reliance/use of Opioid medications is minimal. It is clearly documented that this patient discontinues medications when they are not beneficial and it is clearly documented that the supplemental short half-life Tramadol is only occasionally used on a PRN basis. Under these circumstances it is reasonable to infer that Tramadol is beneficial. The Tramadol ER 100mg is medically necessary.