

Case Number:	CM14-0026902		
Date Assigned:	06/13/2014	Date of Injury:	05/08/2012
Decision Date:	08/07/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/04/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 41-year-old female with a 5/8/12 date of injury, and status post L4-S1 fusion. At the time (2/11/14) of request for authorization for ketamine infusion therapy in treatment of complex regional pain syndrome (CRPS), there is documentation of subjective anxiety and depression; persistent allodynia from the knee distally, in a stocking distribution outside the limit of the typical L4-5 dermatome, color changes, and pseudo motor changes of the left foot as well as severe limitation in range of motion, on and off edema of the foot as well. As well as objective findings of significant pain behavior with attempted ambulation, walking very stiffly, very limited range of motion. Her current diagnosis is complex regional pain syndrome to the left lower extremity, and treatment to date is medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETAMINE INFUSION THERAPY - CRPS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 6: Chronic Pain, Ketamine, page 124.

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 Chronic Pain Medical Treatment Guidelines identifies that ketamine is under study for complex regional pain syndrome (CRPS). The Official Disability Guidelines (ODG) states that there is insufficient evidence to support the use of ketamine for the treatment of CRPS. Therefore, based on guidelines and a review of the evidence, the request for ketamine infusion therapy for complex regional pain syndrome (CRPS) is not medically necessary.