

Case Number:	CM14-0068262		
Date Assigned:	08/08/2014	Date of Injury:	12/13/2011
Decision Date:	10/09/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/12/2014

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 Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 45 year old female with complaints of right upper extremity pain. The date of injury is 12/13/11 and the mechanism of injury is restraining injury from a patient (she is a nurse) leading to her current symptoms. At the time of this request there is subjective (entire arm burning pain from hand to shoulder right side) and objective (mottling of skin right arm, temperature changes to right hand, restricted range of motion right upper extremity and hand, trophic changes to nails/skin hand/arm right side, allodynia mainly over the right hand and forearm) findings. No imaging findings were included. The diagnosis is complex regional pain syndrome right upper extremity. The treatment to date includes occupational and physical therapy, TENS, medications, stellate blocks, acupuncture, and surgery. Recommendations allow for 24 visits over 16 weeks with a diagnosis of CRPS allotting for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medications and therapy. Several recent reviews support the efficacy of cognitive behavioral therapy in the treatment of chronic pain. Naltrexone is recommended as second line treatment for opioid dependence detoxification. First line treatments include Methadone and Buprenorphine/Naloxone (Suboxone). Naltrexone is an opioid receptor antagonist that will reverse the effects of an opioid agonist. This is not recommended in the setting of chronic opioid use as reversal may lead to withdrawal. Ketamine is not recommended for the treatment of chronic pain. Current studies are experimental and there are no consistent recommendations for protocols of dosing, including for infusion solutions, duration of infusion time, when to repeat infusion, how many infusions to recommend, or what kind of outcome would indicate the protocol should be discontinued. The safety of long term administration of intravenous Ketamine has not been established, with evidence of neurotoxicity

reported. The use of oral corticosteroids of limited duration may be beneficial in the treatment of pain exacerbation in the setting of CRPS and other neuropathic pain syndromes. Gabapentin/ketamine analgesic cream is a compounded topical analgesic. Per MTUS-Chronic Pain Medical Treatment guidelines, any compounded drug that contains at least one drug that is not recommended, the compounded drug cannot be recommended. Savella is a serotonin and norepinephrine reuptake inhibitor that is more recently approved for the indication of Fibromyalgia only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy consult twice weekly for three weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: Per MTUS-Physical Medicine Guidelines, Recommendations allow for 24 visits over 16 weeks with a diagnosis of CRPS allotting for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Unfortunately, there is documentation of extensive therapy since the injury date of 12/13/11 therefore self-directed therapy at home should have been established at this point. There is no documentation supplied stating exacerbation of pain nor is there any physical therapy progress notes included. More documentation is needed in regards to exactly how much therapy has been done already, functional improvement from the therapy, and indication for more therapy. As stated and due to absence of appropriate documentation, unfortunately, the request for physical therapy twice weekly for 3 weeks is not medically necessary.

Occupational Therapy twice weekly for five weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Physical Medicine

Decision rationale: Per Official Disability Guidelines treatment decisions, Occupational Recommendations included with physical therapy: allowance for 24 visits over 16 weeks with a diagnosis of CRPS allotting for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Unfortunately, there is documentation of extensive therapy since the injury date of 12/13/11 therefore self-directed therapy at home should have been established at this point. There is no documentation supplied stating exacerbation of pain nor is there any physical therapy progress notes included. Also, more

specifics should be documented in regards to more directed therapy with certain occupational goals to be objectified. The request for occupational therapy twice weekly for five weeks is not medically necessary.

Psychologist consult: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Behavioral Intervention (CBT)

Decision rationale: Per Official Disability Guidelines treatment decisions, Behavioral intervention is recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medications and therapy. Several recent reviews support the efficacy of cognitive behavioral therapy in the treatment of chronic pain. Therefore, the request for a psychology consult is medically necessary.

Cardiology consult: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Ketamine

Decision rationale: Per Official Disability Guidelines Treatment decisions, Ketamine is not recommended and the cardiology consult is requested in order to execute ketamine infusion therapy, therefore the request for cardiology consult is not medically necessary.

EKG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Ketamine

Decision rationale: Per Official Disability Guidelines Treatment decisions, as Ketamine is not recommended and the cardiology consult and ECG is requested in order to execute ketamine infusion therapy, therefore the request for ECG is not medically necessary.

Naltrexone 50mg, compound 4.5mg caps #60: 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 Official Disability Guidelines (ODG) Pain (Chronic), Naltrexone

Decision rationale: Per Official Disability Guidelines treatment decisions, Naltrexone is recommended as second line treatment for opioid dependence detoxification. First line treatments include methadone and buprenorphine/naloxone (Suboxone). Naltrexone is an opioid receptor antagonist that will reverse the effects of an opioid agonist. This is not recommended in the setting of chronic opioid use as reversal may lead to withdrawal. Some pain specialists will request special compounded formulations of Naloxone or Naloxone derivatives to counteract adverse effects of opioids. However, this is not FDA approved and is an off label use. As there is no documentation for the reason/indication for Naltrexone, the request for Naltrexone 50mg, compound 4.5mg caps #60 is not medically necessary.

Ketamine infusion: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Ketamine

Decision rationale: Per Official Disability Guidelines treatment decision guidelines, Ketamine is not recommended for the treatment of chronic pain. Current studies are experimental and there are no consistent recommendations for protocols of dosing, including for infusion solutions, duration of infusion time, when to repeat infusion, how many infusions to recommend, or what kind of outcome would indicate the protocol should be discontinued. The safety of long term administration of intravenous Ketamine has not been established, with evidence of neurotoxicity reported. Therefore, the request for Ketamine infusion is not medically necessary.

Ketamine 10mg/ml injection solution, 15mg cap #150: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic), Ketamine

Decision rationale: Per Official Disability Guidelines treatment decision guidelines, Ketamine is not recommended for the treatment of chronic pain. Current studies are experimental and there

are no consistent recommendations for protocols of dosing and concentrations. Ketamine 10mg/ml injectable is FDA approved as an intravenous/intramuscular anesthetic for use in the operating room and administered by appropriate medical personnel (ie Anesthesiologist). Some pain specialists compound Ketamine for oral or nasal administration for the treatment of severe refractory neuropathic pain however this is off label use. Therefore, the request for Ketamine 10mg/ml injection solution, 15mg cap #150 is not medically necessary.

Medrol Dosepak 4mg oral tablet x2 packets: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, medications Page(s): 37.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines, the use of oral corticosteroids of limited duration may be beneficial in the treatment of pain exacerbation in the setting of CRPS and other neuropathic pain syndromes. Therefore, the request for Medrol dose pack 4mg oral tablets x 2 is medically necessary.

Gabapentin/Ketamine Compound cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: Gabapentin/ketamine analgesic cream is a compounded topical analgesic. Per MTUS-Chronic Pain Medical Treatment guidelines, any compounded drug that contains at least one drug that is not recommended, the compounded drug cannot be recommended. None of these medications are currently approved topical analgesic agents. Therefore, the request for Gabapentin-Ketamine cream is not medically necessary.

Savella 25mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Milnacipran (Savella)

Decision rationale: Per Official Disability Guidelines treatment decisions, Savella is a serotonin and norepinephrine reuptake inhibitor that is more recently approved for the indication of Fibromyalgia. Therefore, this medication is not medically necessary.

