

Case Number:	CM14-0209960		
Date Assigned:	12/22/2014	Date of Injury:	08/20/2012
Decision Date:	02/19/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 is a patient with a date of injury of August 20, 2012. A utilization review determination recommends non-certification of IV ketamine infusion, 7-day inpatient stay, pre-infusion laboratory testing, and EKG. A progress report dated December 3, 2014 identifies subjective complaints indicating that this is a 19-year-old right-handed female status post a functional restoration program with great benefits with the program and mentally. They are frustrated by the denials for ketamine. The patient's pain is 5/10 and medications are helping. The patient reports stable functionality with her current medications with no aberrant drug-related behaviors. Current medications include Prilosec, Cymbalta, Sonata, and Norco. Physical examination findings reveal tight muscle bands in the paravertebral muscles and allodynia around the right elbow. Diagnoses include reflex sympathetic dystrophy of the upper limb. The treatment plan states that the patient has definitive CRPS and is seeking options for treatment. The treatment plan recommends a right stellate ganglion block, extension of psychological treatment, physical therapy, trigger point injections, HELP program, and consideration for IV ketamine infusion. A prescription was also provided for dilaudid. A letter dated December 4, 2014 states that an original recommendation was for inpatient treatment with IV ketamine due to worsening upper extremity CRPS. The note indicates that ODG guidelines are outdated and that the latest sound evidence supports the use of IV ketamine for the treatment of CRPS. There are citations for 4 studies. The studies were reviewed via the National Library of Medicine. The 1st study was included in ODG's review of literature, and showed no functional improvement. The 2nd study stated that further randomized controlled trials are needed to determine the optimum dose, route,

and timing of administration as well as to establish efficacy and safety and determine whether there are long-term benefits from its use. The 3rd study was included in ODG's review of literature, and contained no randomized control group and had issues with long-term follow-up, short duration, multiple diagnoses, and no measurement of functional improvement. The 4th study indicates that pain and motor function have a direct relationship in CRPS but does not address whether ketamine infusion provides any long-term pain relief or functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

IV 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 Chapter, CRPS, Ketamine Sub-anesthetic Infusion, Ketamine.

Decision rationale: Regarding the request for ketamine infusion, ODG states that ketamine infusion is not recommended. The requesting physician has included citations of 4 studies. Two of these studies were included in ODG's review of literature and the other 2 do not contain sufficient power to override the recommendations by ODG (as discussed in the summary above). As such, the currently requested ketamine infusion is not medically necessary.

7 day inpatient stay: 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 Chapter, CRPS, Ketamine Sub-anesthetic Infusion, Ketamine.

Decision rationale: As described above, the requested ketamine infusion is not medically necessary. Therefore, the associated 7-day inpatient stay is not medically necessary.

Pre-infusion laboratory testing: 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 Chapter, CRPS, Ketamine Subanesthetic Infusion, Ketamine

Decision rationale: As described above, the requested ketamine infusion is not medically necessary. Therefore, the associated Pre-infusion laboratory testing 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 (ODG)

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

Decision rationale: As described above, the requested ketamine infusion is not medically necessary. Therefore, the associated EKG is not medically necessary.