

<b>Case Number:</b>	CM14-0071950		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	02/09/2011
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### 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: Physical Medicine & Rehabilitation

### 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 41 year old female ho sustained an industrial injury on 02/09/11. She reports severe hypersensitivity and neuropathic pain involving the right upper extremity. Diagnoses include status post right ulnar nerve transposition surgery and severe complex regional pain syndrome involving the right inner elbow and forearm and ulnar aspect of the hand. Treatments to date include surgery, medications, sympathetic nerve blocks, spinal cord stimulation trial, and physical therapy. In a progress note dated 03/06/14 the treating provider recommends a ketamine infusion. On 05/15/14 Utilization Review non-certified the ketamine infusion, citing MTUS guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ketamine infusion:** 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 patient presents with pain and weakness in her right upper extremity. The request is for KETAMINE INFUSION. The patient is s/p right ulnar nerve transposition surgery and the date of the surgery is not known. The patient has had sympathetic nerve blocks by both stellate ganglion approach and posterior T2 approach, spinal cord stimulation trial, medication, passage of time and physical therapy. The patient has not worked since 07/11. The 03/06/14 progress report, one of diagnoses is severe CRPS involving the right inner elbow and forearm, and ulnar aspect of the hand. The treater contacted the naval base and several academic centers including [REDACTED] pain program and [REDACTED] pain program in order to obtain their protocol for Ketamine infusion for CRPS. The treater addresses the protocol for Ketamine infusion. The MTUS guidelines, page 56 regarding Ketamine states, "Not recommended. 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." In this case, the patient presents with CRPS, but MTUS does not recommend Ketamine for the treatment of chronic pain. The request IS NOT medically necessary.