MAXIMUS Federal Services

Case Number:	CM15-0000554		
Date Assigned:	01/12/2015	Date of Injury:	03/18/2011
Decision Date:	03/06/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/02/2015

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: New Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 50 year old female, who sustained a work related injury on 3/18/11. She reported immediate pain in low back, right ankle and foot. The diagnoses have included chronic pain syndrome, fibromyalgia and CRPS injury in bilateral lower extremities, anxiety and depression. Treatment to date has included aqua therapy, oral medications, lumbar sympathetic ganglion blocks and TENS unit therapy. Currently, the injured worker complains of chronic right ankle pain, severe allodynia to light touch in right lower extremity with swelling.On 12/29/14 Utilization Review non-certified a request for 5-day outpatient low-dose ketamine infusion, noting there are no studies that support the use of ketamine for chronic pain control. The MTUS, Chronic Pain Medical Treatment Guidelines and ODG-TWC Pain Procedure Summary were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 days outpatient low dose Ketamine infusion: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ouguelet-Lacoste, J., L. La Colla, D. Schilling and J. E. Chelly (2015). "The use of intravenous infusion or single dose of low-dose ketamine for postoperative analgesia: a review of the current literature." Pain Med 16(2): 383-403.

Decision rationale: There is no controlled study supporting the use of ketamine infusion for chronic pain syndrome. Ketamine infusion have been used in case of complex regional syndrome. There is no evidence in this case of complex regional syndrome. Furthermore, there is no controlled study support the use of ketamine infusion in complex regional syndrome.