

Case Number:	CM15-0102970		
Date Assigned:	06/05/2015	Date of Injury:	04/23/2010
Decision Date:	07/09/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/28/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 49-year-old who has filed a claim for alleged complex regional pain syndrome (CRPS) reportedly associated with an industrial injury of April 23, 2010. In a Utilization Review report dated April 26, 2015, the claims administrator failed to approve a request for a five-day IV ketamine infusion for the right upper extremity. Non-MTUS ODG Guidelines were invoked, despite the fact that the MTUS addressed the topic. An April 30, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. In a September 12, 2014 progress note, the applicant alleged issues with severe regional complex syndrome about the right upper extremity. The applicant received stellate ganglion blocks, it was acknowledged. Profound allodynia and weakness were appreciated about the right upper extremity with severe tenderness to touch. Nucynta, Remeron, Xanax, Lidoderm, and Zanaflex were prescribed. The applicant's work status was not furnished, although it did not appear that the applicant was working. The attending provider stated that the applicant was a candidate for future ketamine infusions, having received the same in the past. On January 30, 2015, the attending provider reiterated his request for ketamine infusions, stating that the applicant had had a recent Qualified Medical Evaluation (QME), which had endorsed the ketamine infusion at issue. A December 11, 2014 Medical-legal Evaluation did likewise suggested that the applicant had previous ketamine infusions at various points over the course of the claim. A February 6, 2015 Medical-legal Evaluation suggested that the applicant was not working as of that point in time, had severe pain complaints, and was still using Nucynta, Remeron, Xanax, and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

Five-day IV Ketamine infusion for right upper extremity: 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), Treatment Index, 18th Edition (web), 2013, Treatment in Workers Compensation, Pain, Ketamine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, medications; Ketamine Page(s): 38; 56. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Chronic Pain, 3rd ed, pg 908 Recommendation: Ketamine Infusion for CRPS, Neuropathic Pain, or Other Chronic Pain Syndromes Ketamine infusion is not recommended for treatment of CRPS, neuropathic pain, or other chronic pain syndromes. Strength of Evidence Not Recommended, Insufficient Evidence (I).

Decision rationale: No, the request for a five-day IV ketamine infusion was not medically necessary, medically appropriate, or indicated here. As noted on page 38 of the MTUS Chronic Pain Medical Treatment Guidelines, convincing evidence supporting usage of ketamine for complex regional pain syndrome (CRPS), the diagnosis suspected here, is lacking. Page 56 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that ketamine is not recommended in the chronic pain and is under study for complex regional pain syndrome. A more updated Medical Treatment Guideline (MTG) in the form of the Third Edition ACOEM Guidelines Chronic Pain Chapter notes on page 908 that ketamine infusions are not recommended in the treatment of CRPS, i.e., the operating diagnosis here. The attending provider failed to furnish a clear or compelling rationale for provision of the ketamine infusion in the face of the unfavorable MTUS and ACOEM positions on the same. It is further noted that the applicant had had previous ketamine infusions at various unspecified points over the course of the claim, the treating provider reported above. The applicant had, however, failed to respond favorably to the same. The applicant seemingly remained off of work, it was suggested on multiple progress notes and Medical-legal Evaluations referenced above. The previous ketamine infusions failed to generate lasting analgesia or functional improvement. The previous ketamine infusions failed to curtail the applicant's benefit from opioid agents such as Nucynta. All of the foregoing, taken together, suggested a lack of functional as defined in MTUS 9792.20e, despite receipt of earlier ketamine infusions at various points over the course of the claim. Therefore, the request for a repeat ketamine infusion was not medically necessary.