

Case Number:	CM15-0103558		
Date Assigned:	06/08/2015	Date of Injury:	08/28/2000
Decision Date:	07/07/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/29/2015

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: California
 Certification(s)/Specialty: Emergency 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 36 year old male who sustained an industrial injury on 08/28/2000. Current diagnoses include chronic cervical, thoracic, and complex regional pain syndrome/urinary retention. Previous treatments included medications. Report dated 05/04/2015 noted that the injured worker presented with complaints that included right ankle complex regional pain syndrome, cervical, thoracic, and low back pain. Pain level was 4 out of 10 (best), 7 out of 10 (worst), and 5.5 out of 10 (average) on a visual analog scale (VAS). Mental status examination revealed a depressed mood, and affect is mildly blunted. Physical examination revealed an antalgic gait, mild lower extremity edema, erythema, and hyperpatchia. Medication regimen includes Zanaflex, Baclofen, Prozac, methadone, and Flomax. The treatment plan included a trial of ketamine nasal spray due to reaching sedation limits with methadone, hold off on taking Marinol, and pharmacogenic testing. Disputed treatments include ketamine nasal spray.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Ketamine nasal spray 125mg/ml x 2 refills: 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 based on Non-MTUS Citation ODG: Pain: Ketamine.

Decision rationale: As per MTUS Chronic pain guidelines and Official Disability Guidelines, Ketamine is 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. There is a high risk for abuse. Despite provider's claim that it is supported by ODG. ODG specifically states that evidence is not conclusive and does not recommend use. This prescription for a "trial" is inappropriate with multiple refills of a medication with high risk for abuse and side effects. Guidelines do not support use of Ketamine and inappropriate prescription makes this prescription is not medically necessary.