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| Case Number: | CM15-0160574 | | |
| Date Assigned: | 08/27/2015 | Date of Injury: | 08/16/2011 |
| Decision Date: | 09/30/2015 | UR Denial Date: | 07/21/2015 |
| Priority: | Standard | Application Received: | 08/17/2015 |

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: 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 34-year-old female, who sustained an industrial injury on 8-16-2011. The mechanism of injury was a trip and fall. The injured worker was diagnosed as having complex regional pain syndrome of her right arm and bilateral lower extremities. There is no record of a recent diagnostic study. Treatment to date has included stellate ganglion blocks, physical therapy, acupuncture and medication management. In a progress note dated 6-19-2015, the injured worker complains of intermittent leg pain, ankle swelling, joint pain, muscle weakness and burning feet. Physical examination showed no swelling and within normal limits examination. The treating physician is requesting Ketamine infusions 5 days for 2 weeks and Ketamine infusions 2-3 times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine infusions 5 days for 2 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Intravenous regional sympathetic blocks, Ketamine Page(s): 56.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine Page(s): 56.

Decision rationale: Based on the 7/14/15 progress report provided by the treating physician, this patient presents with intermittent, recurring bilateral leg pain and ankle swelling, along with right arm pain, painful joints, muscle weakness, and burning feet. The treater has asked for Ketamine Infusion 5 Days for 2 Weeks on 7/14/15. The patient's diagnoses per request for authorization form dated 7/14/15 are complex regional pain syndrome. The patient is s/p stellate ganglion blocks in August 2013 and December 2013, of unspecified efficacy per 7/14/15 report. The patient is currently taking a variety of pain medications, unspecified, per 7/14/15 report. The patient is taking Norco, Naproxen, and Medrol Dosepack per 4/23/15 report. The patient's work status is struggling to continue working at this time, and is a teacher per 4/23/15 report. MTUS, Ketamine section (pg 56): 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. (Goldberg2, 2005) (Grant, 1981) (Rabben, 1999) Ketamine is an anesthetic in animals and humans, and also a drug of abuse in humans, but ketamine may offer a promising therapeutic option in the treatment of appropriately selected patients with intractable CRPS. More study is needed to further establish the safety and efficacy of this drug. (Correll, 2004) One very small study concluded that ketamine showed a significant analgesic effect on peripheral neuropathic pain, but the clinical usefulness is limited by disturbing side effects. Another study by the same author with a sample size too small for ODG (10) concluded that ketamine showed a significant analgesic effect in patients with neuropathic pain after spinal cord injury, but ketamine was associated with frequent side effects. (Kvarnstrm, 2003-4) In this case, the patient has CRPS and Ketamine is under study for CRPS. However, MTUS states that there is no evidence to support the use of Ketamine for chronic pain. The request IS NOT medically necessary.

Ketamine infusions 2-3 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Intravenous regional sympathetic blocks, Ketamine Page(s): 56.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine Page(s): 56.

Decision rationale: Based on the 7/14/15 progress report provided by the treating physician, this patient presents with intermittent, recurring bilateral leg pain and ankle swelling, along with right arm pain, painful joints, muscle weakness, and burning feet. The treater has asked for Ketamine Infusions 23 times a week for 6 weeks on 7/14/15. The patient's diagnoses per request for authorization form dated 7/14/15 are complex regional pain syndrome. The patient is s/p stellate ganglion blocks in August 2013 and December 2013, of unspecified efficacy per 7/14/15 report. The patient is currently taking a variety of pain medications, unspecified, per 7/14/15 report. The patient is taking Norco, Naproxen, and Medrol Dosepack per 4/23/15 report. The patient's work status is struggling to continue working at this time, and is a teacher per 4/23/15 report. MTUS, Ketamine section (pg 56): 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. (Goldberg2, 2005) (Grant, 1981) (Rabben, 1999) Ketamine is an anesthetic in animals and humans, and also a drug of abuse in humans, but ketamine may offer a promising therapeutic option in the treatment of appropriately selected patients with intractable CRPS. More study is needed to further establish the safety and efficacy of this drug. (Correll, 2004) One very small study concluded that

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