

Case Number:	CM15-0160636		
Date Assigned:	08/27/2015	Date of Injury:	06/13/2012
Decision Date:	10/02/2015	UR Denial Date:	07/31/2015
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: New York
 Certification(s)/Specialty: Anesthesiology

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 64-year-old female, with a reported date of injury of 06-13-2012. The mechanism of injury was the result of putting her hand on the log. The injured worker's symptoms at the time of the injury included right hand pain and swelling. The diagnoses include pain in the limb and reflex sympathetic dystrophy of upper limb. Treatments and evaluation to date have included oral medications, topical pain medication, a TENS unit, H-wave unit, and open repair of the right wrist on 08-28-2013. The diagnostic studies to date have included an MRI of the right wrist dated 03-20-2015 which showed a central perforation and tear, a small amount of fluid in the distal radio-ulnar joint, and mild degenerative changes in the first carpometacarpal and metacarpophalangeal joints; an MRI of the left elbow dated 03-20-2015 with normal findings; an MRI of the left wrist on 03-20-2015 which showed tiny periarticular cystic erosions about the ulnar styloid; an MRI of the right shoulder dated 03-20-2015 which showed evidence of rotator cuff tendinopathy, and a small amount of fluid in the subacromial-subdeltoid bursa. The visit note dated 07-22-2015 indicates that the injured worker complained of ongoing right upper extremity and wrist pain. Her current pain was rated 5-6 out of 10. The objective findings included a healthy, well-appearing female, and no apparent distress. The treatment plan included six in-office biofeedback and psychological testing sessions, IV Ketamine infusion, and Naltrexone 50 mg #60, 1-2 tablets daily. The injured worker's work status was indicated as modified duties. The visit note dated 06-17-2015 stated that the injured worker's physical examination was unchanged from the previous visit. The treating physician

requested IV Ketamine infusion for four hours for three days, six in-office psychological testing sessions, six in-office biofeedback sessions, and Naltrexone 50 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

IV Ketamine infusion for 4 hours for 3 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine Page(s): 56. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, updated 06/15/15: Ketamine infusion.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine Page(s): 56. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, CRPS, Ketamine subanesthetic infusion.

Decision rationale: Ketamine is a medication that produces dissociative anesthesia. It has mainly been used for starting and maintaining anesthesia, sedation in ICU patients, a treatment for bronchospasm, and as a treatment for complex regional pain syndrome (CRPS). According to the CA MTUS and ODG, there is insufficient evidence to support the use of Ketamine for the treatment of chronic pain. Current studies are experimental and there are no consistent recommendations for protocols, including for infusion solutions (in terms of mg/kg/hr), duration of infusion time, when to repeat infusions, how many infusions to recommend, or what kind of outcome would indicate the protocol should be discontinued. The safety of long-term use of the drug has also not been established, with evidence of potential of neurotoxicity. Ketamine-induced liver toxicity is a major risk, occurring up to 50% of the time, and regular measures of liver function are, therefore, required during such treatments. One very small study concluded that Ketamine showed a significant pain relief effect on peripheral neuropathic pain, but there were disturbing side effects, which limited the clinical usefulness. The ODG does not recommend the infusion of ketamine for CRPS. The injured worker was diagnosed with CRPS of the right upper limb. There was documentation that the injured worker had ongoing pain of the right hand with definitive CRPS. The request does not meet guideline recommendations. Medical necessity for the requested medication has not been established. Therefore, the request for IV Ketamine infusion is not medically necessary.

In-office psychological testing sessions Qty: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines psychological treatment Page(s): 101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cognitive Behavioral Therapy (CBT).

Decision rationale: The CA MTUS recommends psychological treatment for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain

includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and post-traumatic stress disorder). The guidelines recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of 6-10 visits over 5-6 weeks. In this case, the documentation indicates the patient has had at least 11 previous psychotherapy visits completed to date without documentation of objective functional improvement. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

In-office biofeedback sessions Qty: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines biofeedback Page(s): 24-25.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24-25.

Decision rationale: The CA MTUS Chronic Pain Guidelines do not recommend biofeedback as a stand-alone treatment, but recommend it as an option in a cognitive behavioral therapy program to facilitate exercise therapy and return to activity. Evidence is insufficient to demonstrate the effectiveness of biofeedback for the treatment of chronic pain. There was documentation that the injured worker had ongoing pain of the right hand with definitive complex regional pain syndrome. The MTUS indicates that the application of biofeedback to patients with complex regional pain syndrome is not well researched. Therefore, the request for six in-office biofeedback sessions is not medically necessary.

Naltrexone 50mg Qty: 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, updated 07/15/15.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Opioid Antagonist (especially naltrexone for alcohol dependence).

Decision rationale: The MTUS does not address Naltrexone. Naltrexone is an opioid antagonist. The non-MTUS Official Disability Guidelines indicate that opioid antagonist is "recommended as targeted treatment for alcohol dependence. The majority of double-blind clinical trials in the literature favored prescribing targeted naltrexone for alcohol dependence to reduce heavy drinking." The guidelines also indicate that, "Naltrexone at the dose of 50 mg/day is effective for alcohol dependence in short-term treatment." The optimal duration of naltrexone treatment may be longer than 3 months, although it is recommended that more studies be conducted with larger sample sizes. The injured worker has been taking Naltrexone since at least 06-04-2014. The request exceeds the guideline recommendations. Therefore, the requested medication is not medically necessary.

