

Case Number:	CM15-0163034		
Date Assigned:	08/31/2015	Date of Injury:	02/18/1999
Decision Date:	10/05/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/20/2015

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, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 53 year old female patient, who sustained an industrial injury on 2-18-1999, after a trip and fall. The diagnoses include left periscapular pain and centralized regional pain. Per the doctor's note dated 6/26/15, she had complaints of neck pain and shoulder pain. She has nausea and headache due to oxycodone. The physical examination revealed decreased cervical spine range of motion and tenderness over the cervical spine and left shoulder region. Per the doctor's note dated 4/27/15, she had complaints of pain in her left neck, left trapezius, and periscapular areas. Pain was rated 8 out of 10 averages with exacerbations to 10 out of 10. The medications list includes Xanax, MS IR, Prozac, Mobic, Klonopin, Neurontin, MS Contin, and Dextromethorphan. Ketamine daily infusion x5 was scheduled for the week of 10-13-2014. On 10-20-2014, she reported that the infusion helped by 80-90%. Medication refills were noted. On 12-30-2014, her pain was rated 8 out of 10, with exacerbations to 10 out of 10. She reported that after Ketamine infusions her pain averaged 2 out of 10, with exacerbations to 6 out of 10. She felt the effects of the infusion wearing off in the last few weeks. She was recommended additional Ketamine infusions, at higher rates for longer periods of time. Treatment to date has included diagnostics, mental health treatment, epidural steroid injections, physical therapy, and medications. A psychiatric history was noted prior to industrial injury. The treatment plan included Ketamine infusions, 4 hours per day x 5 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Ketamine infusions 4 hours per day for 5 days: 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) Pain (Chronic) Ketamine (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 56 Ketamine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 09/08/15) Ketamine.

Decision rationale: Per the MTUS Chronic Pain 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. (Goldberg², 2005) (Grant, 1981) (Rabben, 1999) More study is needed to further establish the safety and efficacy of this drug." (Correll, 2004) In addition, per the ODG, ketamine is "Not recommended. There is insufficient evidence to support the use of ketamine for the treatment of CRPS. Current studies are experimental and there is no consistent recommendation 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. (Noppers, 2011) Frequent use can cause long-term memory impairment and altered pre-frontal dopaminergic function. (Morgan, 2012) Ketamine is also known as a drug of abuse. Abuse of ketamine can cause cystitis and a contracted bladder, and secondary renal damage can occur in severe cases which might be irreversible, rendering patients dependent on dialysis. (Chu, 2008) (Morgan, 2012) There is no evidence of a cure of CRPS with subanesthetic infusions. The limited results of current research studies on this topic are inconsistent...The overall current recommendation is that larger randomized placebo controlled trials occur, looking at dosing and long-term follow-up. (Schwartzman, 2009) Subcutaneous ketamine used as an adjunct to opioids for neuropathic and nociceptive pain provides no benefit and increases adverse events significantly, according to this double-blind RCT." (Hardy, 2012) Therefore there is no high grade scientific evidence to support the use of ketamine for this diagnosis. Response to previous conservative therapy including physical therapy is not specified in the records provided. The medical necessity of 1 Ketamine infusions 4 hours per day for 5 days is not fully established for this patient and therefore is not medically necessary.