

Case Number:	CM15-0189355		
Date Assigned:	10/01/2015	Date of Injury:	04/10/2008
Decision Date:	11/09/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/25/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 53-year-old female, who sustained an industrial injury on 04-10-2008. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for cervical spinal stenosis and radiculopathy, chronic pain syndrome, reflex sympathetic dystrophy, generalized anxiety disorder, opioid dependence, and major depressive disorder. Medical records (03-17-2015 to 08-26-2015) indicate ongoing chronic neck pain, severe depression, and severe anxiety with reports of suicidal ideations. Pain levels were not mentioned. Records also indicate no changes or improvement in activity levels, mental status or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The PR, dated 08-26-2015, stated that the IW has had a positive response to ketamine infusions with 4 days of decreased pain, anxiety and depression; however, symptoms have re-emerged. Relevant treatments have included psychiatric and psychological treatments (both inpatient and outpatient), work restrictions, oral medications, and ketamine effusions. The PR and request for authorization (08-26-2015) shows that the following service was requested: ketamine 30mg, 1mg midazolam and 100mg Lidocaine infusion over 45 minutes. The original utilization review (09-15-2015) non-certified the request for Ketamine 30mg, 1mg Midazolam and 100mg Lidocaine infusion over 45 minutes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine 30mg, 1mg Midazolam and 100mg Lidocaine infusion over 45 minutes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<https://www.nlm.nih.gov/medlineplus/druginfo/meds/a609014.html>.

Decision rationale: Pursuant to the Official Disability Guidelines, Ketamine 30mg, Midazolam 1mg and lidocaine 100 mg infusion over 45 minutes is not medically necessary. Ketamine is not recommended. There is insufficient evidence to support the use of ketamine for the treatment of CRPS. Midazolam injection is used before medical procedures and surgery to cause drowsiness, relieve anxiety, and prevent any memory of the event. It is also sometimes given as part of the anesthesia during surgery to produce a loss of consciousness. Midazolam injection is also used to cause a state of decreased consciousness in seriously ill people in intensive care units (ICU) who are breathing with the help of a machine. Midazolam injection is in a class of medications called benzodiazepines. It works by slowing activity in the brain to allow relaxation and decreased consciousness. In this case, the injured worker's working diagnoses are reflex sympathetic dystrophy upper extremity; neuralgia, neuritis and radiculitis unspecified; and chronic pain due to trauma. Date of injury is April 10, 2008. Request for authorization is August 14, 2015. There is a pain management provider's progress note dated July 15, 2015. Subjectively, the injured worker has mid back pain that radiates to the neck and both hands. Objectively, there are vasomotor skin changes in the extremity with significant redness and pseudomotor changes including sweating of the upper extremity on the right. There is pitting edema. The treating provider is requesting a trial of low-dose ketamine in the office. There is no contemporaneous progress note on or about the date of request for authorization dated August 12, 2015 (reviewed by utilization). Ketamine is not recommended. There is insufficient evidence to support the use of ketamine for the treatment of CRPS. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no contemporaneous documentation on or about the date of request for authorization (progress note dated August 12, 2015) and guideline non- recommendations for Ketamine in the treatment of CRPS, Ketamine 30mg, Midazolam 1mg and lidocaine 100 mg infusion over 45 minutes is not medically necessary.