

Case Number:	CM15-0189448		
Date Assigned:	10/01/2015	Date of Injury:	02/17/2012
Decision Date:	11/18/2015	UR Denial Date:	09/17/2015
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, North Carolina
 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:

The injured worker is a 50 year old female, who sustained an industrial injury on 2-17-12. The injured worker was diagnosed as having right lower extremity complex regional pain syndrome (CRPS). Treatment to date has included physical therapy; medications. The PR-2 notes dated 4-1-15, the provider documents "This is a patient who is diagnosed with complex regional pain syndrome of the right lower extremity. The patient is here today status post MRI of the neck and left shoulder. She reported working on a computer for long period of time has been aggravating her left arm and left shoulder and neck region. Today she is reporting her pain level is 10 out of 10. It is worse, burning, throbbing, pins-and-needles. It is constant in nature. She is also having pain in the right hip, right ankle. Walking too much aggravates the pain. Propping up her legs, using a warm pad, alprazolam, Lyrica, venlafaxine, Advair and albuterol as needed. She is reporting that her left shoulder, neck is getting worse. She is having problems with typing wither left hand and this is causing problems at her job. She needs her work modified and she states that she needs to work. She mentioned this several times to me." On physical examination, the provider documents "Grip strength in three successive trials is: right hand 14-8-10 and left hand 4-4-4. She has pain to palpation over the C5, C6, C7 and left trapezius, left rhomboid. She also has pain to palpation over the acromioclavicular joint, lateral deltoid and posterior deltoid. The patient has full range of motion on flexion and extension, but it is done slowly with pain. Spurling test is negative bilaterally. Palpation over the acromioclavicular joint and greater tuberosity of the shoulder is painless. There is no tenderness in the subacromial space of the shoulder to palpation. Positive Hawkin's sign; positive Neer's sign. No swelling is noted in the

elbow region. There is no localized tenderness over the medial and lateral epicondyles of the elbow or over the olecranon. Elbow motion is unrestricted. There is no tenderness over the radial head as it is put through a range of motion. Flexion and extension of the digits of the hand cause no pain referred to the elbow. There is no instability to varus and valgus stress testing; Tinel's is negative medially in the elbow with no sign of ulnar nerve irritation. There is no tenderness on palpation of the wrist joint volarly or dorsally. No evidence of carpal tunnel syndrome. There is no tenderness to palpation over the flexor and extensor surfaces. There is no gross weakness or numbness of fingers notes. Sensation is intact in all dermatomes in the bilateral upper extremities. The right foot examination notes a brace over the right foot. She is unable to walk on heels and toes. There is no tenderness over the dorsal aspect of the foot or over the plantar surface. There is no pain with impaction and no pain with distraction. Range of motion is diminished and reports pain with dorsiflexion, plantar flexion, internal and external rotation. Dorsalis pedis and posterior tibial pulses are within normal limits. Capillary refill time is less than five seconds. Sensation is intact to light touch, pinprick and two point discrimination in all dermatomes of the foot and ankle." The provider's treatment plan discussed sympathetic blocks with physical therapy but remarks since physical therapy has been denied, there would be no use to do the blocks. He is going to prescribe Lyrica and transfer her to pain management. PR-2 notes dated 8-17-15 indicate a discussion with the injured worker regarding IV Ketamine and if this providers temporary benefit, she may be a candidate for quarterly Ketamine infusion. PR-2 notes dated back to 11-12-14 indicate she has had lumbar sympathetic blocks on 5-12-14. The provider documents "Since that time, she has been having lower back pain. The patient is very frustrated. The patient is reporting the pain is worse. It is throbbing and numbness. She is currently taking Lyrica, Effexor, Ondansetron and dicyclomine." A Request for Authorization is dated 9-25-15. A Utilization Review letter is dated 9-17-15 and non-certification was for 3 day outpatient intravenous (IV) Ketamine infusion; Electrocardiogram (EKG) and labs and Pre-operative medical clearance. A request for authorization has been received for 3 day outpatient intravenous (IV) Ketamine infusion; Electrocardiogram (EKG) and labs and Pre-operative medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 day outpatient intravenous (IV) Ketamine infusion: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Ketamine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ketamine.

Decision rationale: In this case, the patient has chronic pain from an injury on 2/17/2012 and has been diagnosed with complex regional pain syndrome (CRPS). She has been treated with medications, however the records submitted demonstrate no evidence of failure of second-line neuropathic agents. The request is for a 3-day outpatient infusion of Ketamine. However MTUS Guidelines state that Ketamine is under study for use in CRPS. More study is required to

establish its safety and efficacy for sub-anesthetic use. The ODG states that sub-anesthetic infusions of Ketamine are not recommended. Insufficient evidence exists to support the use of Ketamine in CRPS. In addition, current studies are experimental and there is no consistent protocol established for the use of Ketamine in sub-anesthetic dosages. Therefore the request is not medically necessary or appropriate.

Associated services: Electrocardiogram (EKG) and labs: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Ketamine.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Ketamine.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.