

Case Number:	CM15-0029931		
Date Assigned:	02/23/2015	Date of Injury:	06/12/2009
Decision Date:	04/07/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/17/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 44 year old female who sustained an industrial injury on 6/12/09. She is currently experiencing ongoing burning pain with edema in the upper extremities and severe right lower extremity pain. In addition the internal pulse generators in the right and left buttocks are extremely painful. The stimulator in the left buttocks is for upper extremities and helps approximately 60% of the time and the one in the right buttocks is for the lower extremities and helps about 10%. Medications are Cymbalta, Neurontin, Topamax, Celebrex, Lidoderm patch, Pennsaid and Vitamin C. Diagnoses include complex regional pain syndrome; depression; status post lumbar fusion (12/09). Treatments to date include bilateral lumbar sympathetic blocks with benefit from the left block but not the right; physical therapy. In the progress note dated 1/26/15 the treating physician discussed ketamine as one of her best options regarding the systemic nature of her disease. She has had ketamine infusions in the past which afforded her to substantially reduce her medications, her pain was decreased by 80-90%, and they enabled her to participate in independent exercises at the gym and improved her mood. On 1/30/15 Utilization Review non-certified the request for Ketamine infusion 96365, 96366 X3 10 sessions citing MTUS Chronic pain Medical Treatment Guidelines and ODG: Pain: Ketamine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine Infusion 96365, 96366, x 3 x 10 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ketamine. <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, Ketamine "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. An early successful retrospective report of 33 patients documented that 54% of patients experienced greater than 3 months of pain relief, with 31% experiencing greater than 6 months of relief. The authors reported the long-term effects of ketamine infusion were unknown and could include neurotoxicity and hepatic dysfunction. (Correll, 2004) Subsequent non-controlled studies have found less impressive findings (using probability statistics due to lack of long-term follow-up of 41% of patients), predicting a 13% to 31% chance of relief lasting more than three weeks. (Patil, 2011) Another study has shown decreased pain scores but no functional improvement. (Sigtermans, 2009) 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)". The patient developed chronic regional syndrome, however the request for ketamine is not justified as per ODG guidelines. There are no controlled studies supporting the safety and efficacy for Ketamine for pain management. Therefore, the request for Ketamine Infusion 96365, 96366, x 3 x 10 sessions is not medically necessary.