

Case Number:	CM15-0033857		
Date Assigned:	02/27/2015	Date of Injury:	06/13/2012
Decision Date:	04/07/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/23/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

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 63 year old female, who sustained an industrial injury on June 13, 2012. The injured worker had reported a right wrist and hand injury. The diagnoses have included pain in limb, dystrophy of upper limb, bilateral carpal tunnel syndrome, right complex regional pain syndrome and bilateral ulnar mononeuropathy. Treatment to date has included pain medication, a right wrist arthroscopy with debridement, extensive synovectomy, debridement of the triangular fibrocartilage complex, occupational therapy and physical therapy. Current documentation dated January 14, 2015 notes that the injured worker complained of right shoulder and hand pain. The injured worker was noted to be healthy and in no acute distress. No Physical examination was noted. The injured worker had a history of palpitations. The treating physician recommended Ketamine infusions and an electrocardiogram prior due to the injured worker's history of palpitations. On January 29, 2015 Utilization Review non-certified a request for Ketamine infusions # 3, electrocardiogram # 1 and Naltrexone 50 mg # 60. The MTUS, Chronic Pain Medical Treatment Guideline and the Official Disability Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine Infusions QTY: 3.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 56.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine
Page(s): 56.

Decision rationale: Ketamine is not recommended per MTUS as there is insufficient evidence for its use in chronic pain. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.

EKG QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 56.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation AHA / ACA Cardiovascular Guidelines.

Decision rationale: The AHA/ACA recommends an EKG when the cardiovascular risk factors are present and exercise capacity is unable to be tested or when symptoms warrant further investigation of a potential cardiac etiology. According to the documents available for review, the injured worker does not meet these criteria and does not complain of symptoms that would necessitate an EKG. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.

Naltrexone 50 mg QTY: 60.00: 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, Naltrexone.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation ODG, Naltrexone.

Decision rationale: Recommended as a second line option for opioid dependence detoxification treatment, versus methadone or buprenorphine first line treatment. According to the documents available for review, the injured worker does not currently require opioid dependence detoxification. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.