

Case Number:	CM15-0047423		
Date Assigned:	03/19/2015	Date of Injury:	11/17/2011
Decision Date:	04/24/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/12/2015

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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 31 year old female who sustained an industrial injury on 11/17/11 from a crush injury to her left foot. Of note, she had a crush injury to her right foot in 2009. Currently she complains of constant, burning left foot pain and left ankle pain with radiation up the leg to the knee. In addition there are numbness and color changes of this extremity. Her pain intensity is 7/10. Medications include Lidocaine Gel, gabapentin, ketamine nasal spray, compounded creams and Prevacid. Diagnoses include contusion of the left foot, left lower reflex sympathetic dystrophy and complex regional pain syndrome. Treatments to date include orthotics; nerve blocks which helped with right foot pain and range of motion; medications; heat which is helpful in alleviating pain; physical therapy aggravated her pain; aqua therapy helped with increasing her strength. Diagnostics include MRI of the left ankle, normal (no date specified). In the progress note dated 2/6/15 the treating provider notes that the injured worker uses Ketamine nasal spray for severe pain and provides her with good relief. In the providers plan of care he notes to continue with ketamine nasal spray for break through pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine Nasal Spray: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 11/17/11. The medical records provided indicate the diagnosis of contusion of the left foot, left lower reflex sympathetic dystrophy and complex regional pain syndrome. Treatments have included Lidocaine Gel, gabapentin, ketamine nasal spray, compounded creams and Prevacid; orthotics; nerve blocks, heat; physical therapy aggravated her pain; aqua therapy helped with increasing her strength. The medical records provided for review do not indicate a medical necessity for Ketamine Nasal Spray. The MTUS does not recommend the use of Ketamine for the treatment of chronic pain.