

Case Number:	CM15-0049913		
Date Assigned:	03/23/2015	Date of Injury:	11/14/2001
Decision Date:	05/01/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/17/2015

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: Texas, New York, California
 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 applicant is a represented 39-year-old who has filed a claim for chronic low back, knee, and leg pain reportedly associated with an industrial injury of November 14, 2011. In a Utilization Review Report dated February 19, 2015, the claims administrator failed to approve a request for ketamine infusions for left lower extremity complex regional pain syndrome (CRPS). The claims administrator referenced an RFA form received on February 11, 2015 in its determination. The applicant's attorney subsequently appealed. On January 23, 2015, the applicant reported ongoing complaints of low back pain radiating into the left leg, 7/10. The applicant was using OxyContin and Fentora for pain relief. The applicant had poor function about the left knee and left leg, it was acknowledged. The applicant's medications included Lyrica, Seroquel, Klonopin, Ambien, senna, Zantac, potassium, Percocet, OxyContin, Keppra, Fentora, doxepin, Colace, Cymbalta, Celebrex, Lasix, naproxen, Prilosec, it was stated in another section of the note. The applicant was given a primary operating diagnosis of complex regional pain syndrome (CRPS) status post earlier failed knee surgery. Ketamine infusions were proposed. Permanent work restrictions were renewed. Multiple medications were refilled. The applicant was encouraged to try and use the affected knee and leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three ketamine infusions for the left lower extremity complex regional pain syndrome:
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 based on Non-MTUS Citation ACOEM V.3 > Chronic Pain > General Principles of Treatment > Medications > Anti-Convulsant Agents Ketamine Ketamine is a strong NMDA receptor antagonist that is also a general anesthetic and has been used orally and intravenously to treat CRPS(461-463) and other neuropathic pain conditions. Ketamine affects a number of receptors and inhibits serotonin and dopamine reuptake and has been used as an adjunct to psychotherapy in alcohol and heroin addiction.(464) Recommendation: Ketamine Infusion for CRPS, Neuropathic Pain, or Other Chronic Pain Syndromes Ketamine infusion is not recommended for treatment of CRPS, neuropathic pain, or other chronic pain syndromes. Strength of Evidence Not Recommended, Insufficient Evidence (I).

Decision rationale: No, the request for three ketamine infusions was not medically necessary, medically appropriate, or indicated here. As noted on page 56 of the MTUS Chronic Pain Medical Treatment Guidelines, ketamine is deemed "not recommended" in the treatment of chronic pain and deemed "under study" for complex regional pain syndrome (CRPS). A more updated medical treatment guideline (MTG) in the form of the Third Edition ACOEM Guidelines Chronic Pain Chapter, moreover, notes that ketamine infusions are not recommended for treatment of CRPS, i.e., the primary operating diagnosis present here. The attending provider did not furnish any compelling applicant-specific rationale or medical evidence, which would offset the unfavorable MTUS and ACOEM positions on the article in question. Therefore, the request was not medically necessary.