

Case Number:	CM15-0053879		
Date Assigned:	03/27/2015	Date of Injury:	02/20/2004
Decision Date:	05/08/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/20/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old female patient who sustained an industrial injury on 02/20/2004. A follow up visit dated 01/21/2015 reported the patient with subjective complaint of experiencing throbbing, burning pain in the bilateral hands that increased upon contact as well as with activity resulting in excruciating pain in the right thigh as well as in the left leg. Her ambulation is limited secondary to pain and she uses a cane. She is diagnosed with status post Achilles repair, complex region pain syndrome of all four limbs and depression. The plan of care involved recommendation for consultation regarding possible Ketamine infusions, and in the meantime, continue Duexis, Meclizine, Lidoderm patch, Paxil with Diazepam were prescribed. She is to follow up in 8 weeks. The initial first report of occupational illness report dated 12/21/2004 reported the patient stating she had fallen down the stairs. The oldest record provided for review was dated 12/12/2012 and reported subjective complaint of right thigh, left lower extremity and bilateral upper extremity pain. She also is with complaint of experiencing visual blackouts secondary to complex regional pain syndrome. She describes the pain flare up beginning with diarrhea followed by increased left foot and bilateral hand pains. She reports doing well with prescribed medications which include Diazepam, Duexis and Reglan. The following diagnoses are applied: status post left Achilles repair and depression. She is diagnosed with left Achilles repair, complex regional pain syndrome with all four extremities, and depression. The plan of care involved pending removal of spinal cord stimulator, continue with medications and add Systane drops. She is considering undergoing Ketamine treatment. She is to follow up in two or three months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation and treatment for possible Ketamine infusion: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, chapter 7, page 127.

Decision rationale: The patient presents with complex regional pain syndrome of all four limbs. The current request is for Consultation and treatment for possible Ketamine infusion. The treating physician states, "At this time, I will request authorization to refer her for a consultation and treatment for possible Ketamine infusion, with [REDACTED] an anesthesiologist. [REDACTED] is familiar with CRPS and addresses these issues with two week Ketamine infusion with marked success." (100B) The ACOEM guidelines state, "the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." In this case, while the request for a consultation is supported by ACOEM, the treating physician has not specified the frequency and duration. Because of this, the request cannot be authorized. The current request is not medically necessary and the recommendation is for denial.