

Case Number:	CM15-0083338		
Date Assigned:	05/05/2015	Date of Injury:	11/26/2012
Decision Date:	06/04/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/30/2015

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 49-year-old who has filed a claim for reflex sympathetic dystrophy (RSD) reportedly associated with an industrial injury of November 26, 2012. In a Utilization Review report dated April 16, 2015, the claims administrator failed to approve a request for an IV ketamine infusion. Progress notes and RFA forms of April 6, 2015 and April 9, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On April 6, 2015, the applicant reported ongoing complaints of left lower extremity pain reportedly attributed to complex regional pain syndrome (CRPS). 6/10 pain complaints were reported. The applicant was not working, was unemployed, it was acknowledged. The applicant was using a cane and CAM Walker to move about. A visibly antalgic gait was evident. The attending provider stated that the applicant's CRPS had proven refractory to oral and topical treatments. IV ketamine infusions were sought while Norco was renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

IV ketamine infusion once per week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine; CRPS, medications Page(s): 56; 38. Decision based on Non-MTUS Citation 908 ACOEM Occupational Medicine Practice Guidelines, 3rd ed, Chronic Pain 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 an IV ketamine infusion was not medically necessary, medically appropriate, or indicated here. Page 38 of the MTUS Chronic Pain Medical Treatment Guidelines notes that convincing control trials involving ketamine, the article at issue, are "lacking" insofar as treatment for complex regional pain syndrome (CRPS), the operating diagnosis present here, is concerned. Similarly, page 56 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that ketamine is "not recommended" in the chronic pain context and is "under study" for CRPS, the operating diagnosis present here. A more updated Medical Treatment Guideline (MTG) in the form of the Third Edition ACOEM Guidelines Chronic Pain Chapter notes on page 908 that ketamine infusions are "not recommended" in the treatment of CRPS. Here, the attending provider failed to furnish a clear, compelling, or convincing applicant-specific rationale or medical evidence which would offset the unfavorable MTUS and ACOEM positions on the article at issue. Therefore, the request was not medically necessary.