

Case Number:	CM15-0085505		
Date Assigned:	05/08/2015	Date of Injury:	04/28/2014
Decision Date:	06/08/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/05/2015

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: Physical Medicine & Rehabilitation, 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 33 year old male injured worker suffered an industrial injury on 04/28/2014. The diagnoses included chronic regional pain syndrome right upper extremity. The diagnostics included cervical magnetic resonance imaging. The injured worker had been treated with stellate ganglion blocks, medications and hand surgery. On 4/20/2015 the treating provider reported pain level 30/10 and diffuse atrophy of the right arm. The surgical procedure made the pain much worse. There was limited range of motion to the right shoulder with diffuse edema over the hand with severe atrophy and hyperhidrosis along with increase in skin temperature. The treatment plan included Ketamine IV infusion therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine IV infusion therapy 3 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ketamine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Pain (Chronic), Ketamine (2) Pain CRPS treatment.

Decision rationale: The claimant sustained a work injury more than one year ago and continue to be treated for right upper extremity pain with a diagnosis of CRPS after a crush injury. He underwent hand surgery and 04/09/15 for the correction flexion deformities of the right first and second digit and wrist. Treatments have included medications and cervical sympathetic blocks. When seen, pain was rated at "30"/10. Medications had included Lyrica without improvement. He was having pain radiating from his fingers to his neck and right ear. Physical examination findings included ongoing contractures of the right third through fifth digits. There were findings consistent with what would be seen in early CRPS consistent with worsening after surgery. His Lyrica dose was increased. Levorphanol was prescribed. A trial of ketamine infusions was requested. Prior treatments had included stellate ganglion blocks which had been ineffective. Guidelines reference insufficient evidence to support the use of ketamine for the treatment of CRPS. Current studies are experimental and there is no consistent recommendation for protocols, including for infusion solutions in terms of mg/kg/hr, duration of infusion time, when to repeat infusions, how many infusions to recommend, or what kind of outcome would indicate the protocol should be discontinued. The safety of long-term use of the drug has also not been established, with evidence of potential of neurotoxicity. Ketamine-induced liver toxicity is a major risk, occurring up to 50% of the time. Additionally, the mainstay of treatment for CRPS is a therapy program including edema management, mobilization, and stress loading which is not apparent before or since surgery either as a stand-alone treatment or in combination with the stellate ganglion blocks that were performed. Therefore the requested IV ketamine infusions is not medically necessary.