

<b>Case Number:</b>	CM14-0125177		
<b>Date Assigned:</b>	08/11/2014	<b>Date of Injury:</b>	02/09/2013
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Spinal Cord Medicine and is licensed to practice in Massachusetts. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant has a history of a work injury occurring on 02/09/13 when, while working as a kennel attendant, she was bitten on her hands by a dog. Her injury was complicated by infection requiring antibiotic treatment. Subsequent treatments included hand therapy, a cervical epidural steroid injection, and stellate ganglion blocks which provided approximately two weeks of pain relief. A Bier block was unsuccessful due to difficulty with intravenous access. She was seen on 05/05/14 with left greater than right-sided hand pain rated at 7/10. Medications had included Neurontin which has which had caused edema and Voltaren gel which was ineffective. She was currently using lidocaine cream and taking Cymbalta, Pamelor, and Topamax. Physical examination findings included mottling and swelling of the hands and forearms with left hand allodynia and numbness and tenderness of the right hand. Her examination was severely limited due to pain. She was diagnosed with left greater than right upper extremity CRPS. She had been seen by a pain psychologist and had been cleared for a trial of intravenous ketamine. Recommendations included possible PICC line placement during an inpatient hospitalization for the infusion. She was seen by the requesting provider on 05/08/14. A 5-7-day inpatient stay for a ketamine infusion had been recommended. She was having constant bilateral hand pain. Medications were nortriptyline, Cymbalta, Topamax, lidocaine ointment, promethazine, Zofran, and omeprazole.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INPATIENT ADMISSION FOR IV KETAMINE INFUSION (5-7 DAYS): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)<Insert Section Pain (Chronic) , Ketamine

**Decision rationale:** The claimant is more than 1 years status post work-related injury and continues to be treated for CRPS of the hands. 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. Therefore, the request for inpatient admission for IV ketamine infusion is not medically necessary.