

Case Number:	CM14-0125248		
Date Assigned:	08/11/2014	Date of Injury:	02/09/2013
Decision Date:	10/14/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 is a 23 year old female presenting with chronic pain following a work related injury on 02/09/2013. The claimant complains of swelling in hands as well as tingling, pain and numbness. According to the medical records, the claimant is permanent and stationary. The claimant has tried physical therapy, occupational therapy, cervical epidural steroid injections and left stellate ganglion block. The claimant's medications included Nortriptyline, Cymbalta, Topamax, Promethazine, Zofran, Omeprazole and Topical clonidine/gabapentin/ketamine with no benefit. The physical exam showed loss of sensation over her right dorsal hand around the bite scar, loss of extension more than flexion in both of her wrist due to pain and tightness, inability to make a fist in either hand and more apparent on the left, 0 grip strength on the left and 25 on the right. The claimant was diagnosed with hand complex regional pain syndrome, left greater than right and status post dog bites, three to the left hand and one to the right hand. A claim was placed for in hospital admission for IV Ketamine infusion.

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: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: Inpatient Admission for IV Ketamine Infusion (5-7 days) is not medically necessary. Per CA MTUS guidelines Ketamine is not recommended. There is insufficient evidence to support the use of ketamine for the treatment of chronic pain. There are no quality studies that support the use of ketamine for chronic pain, but it is under study for CRPS (complex regional pain syndrome). (Goldberg², 2005) (Grant, 1981) (Rabben, 1999) Ketamine is an anesthetic in animals and humans, and also a drug of abuse in humans, but ketamine may offer a promising therapeutic option in the treatment of appropriately selected patients with intractable CRPS. More study is needed to further establish the safety and efficacy of this drug. (Correll, 2004) One very small study concluded that ketamine showed a significant analgesic effect on peripheral neuropathic pain, but the clinical usefulness is limited by disturbing side effects. Another study by the same author with a sample size too small for ODG (10) concluded that ketamine showed a significant analgesic effect in patients with neuropathic pain after spinal cord injury, but ketamine was associated with frequent side effects. (Kvarnstr, 2003-4); therefore, the requested procedure is not medically necessary.