

<b>Case Number:</b>	CM14-0148181		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	09/06/2009
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2014

### 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 General Preventative Medicine and is licensed to practice in Indiana. 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:

This employee is a 51 year old female with date of injury of 9/6/2009. A review of the medical records indicates that the patient is undergoing treatment for complex regional pain syndrome. Subjective complaints include continuing 4/10 pain in her wrists, hands, shoulders, upper back, lower back, and hips. Objective findings include decreased range of motion and pain upon palpation of cervical, lumbar, and thoracic spine; pain upon rotation of bilateral shoulder; pain upon extension and flexion of bilateral wrists. Treatment has included a spinal cord stimulator, Gralise, Cymbalta, Duragesic, Percocet, and Sumatriptan. The utilization review dated 9/9/2014 non-certified a Ketamine Infusion Program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued Ketamine Infusions:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The chronic pain guidelines state the following with respect to Ketamine: "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. (Goldberg<sup>2</sup>, 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. (Kvarnstrom, 2003-4)". The employee does have CRPS, but the medical documentation does not show that every other alternative has been tried and did not provide effective treatment. The treating physician did not make any detailed analysis of why this experimental therapy would be needed for this employee. Therefore, the request for a Ketamine Infusion is not medically necessary.