

<b>Case Number:</b>	CM15-0008358		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	12/18/2011
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 injured worker is a 30 year old female who sustained an industrial injury on 12/18/2011. She has reported a fall, twisting the left ankle. The diagnoses have included complex regional pain syndrome of the left lower limb. Treatment to date has included lumbar sympathetic block on 10/23/2014, 6 prior intravenous Ketamine infusions, physical therapy, home exercises and medication management. Currently, the IW complains of bilateral leg pain. Treatment plan included intravenous Ketamine infusion x 10. On 12/15/2014, Utilization Review non-certified intravenous Ketamine infusions x 10, noting the lack of medical necessity. The MTUS and ACOEM Guidelines were cited. On 01/14/2015, the injured worker submitted an application for IMR for intravenous Ketamine infusion x 10.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **IV Ketamine infusion x 10: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines pain Interventions and Treatment Page(s): 56.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, Ketamine

**Decision rationale:** Pursuant to the Official Disability Guidelines, intravenous ketamine infusion times 10 is not medically necessary. Ketamine is not recommended. There is insufficient evidence to support use of ketamine for the treatment of CRPS. Current studies are experimental and there is no consistent recommendation for protocols, including infusion solutions, infusion time, time to repeat infusions, how many infusions to recommend or what kind of outcome would indicate the protocol should be discontinued. Safety for long-term use has not been established with evidence of potential neurotoxicity. Ketamine induced liver toxicity is a major risk, occurring up to 50% of the time and regular measures of liver function or require. Ketamine is also known as a drug of abuse. In this case, the injured worker's working diagnoses are CRPS lower limb; and high ankle sprain left lower extremity. Subjectively, the injured worker complains of bilateral leg pain is chronic and constant. Objectively, the bilateral lower extremities are swollen with tender metatarsals and a tender talus. Range of motion is limited due to pain. There is pain with ambulation. Straight leg raising test was positive. Romberg sign is positive. Sensation to left lateral leg (L5) is increased to light touch and pinprick. Ketamine is not recommended. The guidelines state there is insufficient evidence to support the use of ketamine for treatment of CRPS. Current studies are experimental and there is no consistent recommendation for protocols including infusion solutions, infusion time, time to repeat infusions, etc. Safety for long-term use has not been established with evidence of potential neurotoxicity. Ketamine induced liver toxicity is a major risk. Consequently, absent clinical documentation with clinical guidelines to support the use of IV ketamine for treatment of CRPS, intravenous ketamine infusion times 10 is not medically necessary.