

Case Number:	CM15-0013929		
Date Assigned:	02/03/2015	Date of Injury:	12/07/1993
Decision Date:	03/20/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/23/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 60 year old female who sustained an industrial injury reported on 12/7/1993. She has reported complaints that included chronic lower extremity edema, lower extremity pain; extreme fatigue, and insomnia. The diagnoses have included an unspecified disorder of the autonomic nervous system; complex regional pain syndrome. Treatments to date have included consultations; diagnostic imaging studies and testing; spinal cord stimulator implant, and revisions; single point cane; and medication management. The work status classification for this injured worker (IW) was noted to be that he never returned to work. On 12/30/2014, Utilization Review (UR) non-certified, for medical necessity, the request, made on 12/22/2014, for Ketamine infusion for the left lower extremity, x 3 sessions. The Medical Treatment Utilization Schedule, chronic pain, ketamine, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine infusion for the left lower extremity x 3 sessions: Upheld

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

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

Decision rationale: According to the 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. There are other options for the management of CRPS for the claimant. The claimant had been on other muscle relaxants and opioids. The request for Ketamine is not medically necessary.