

Case Number:	CM15-0117506		
Date Assigned:	06/25/2015	Date of Injury:	12/18/2011
Decision Date:	07/24/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/18/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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. Diagnoses include complex regional pain syndrome (CRPS), Treatment to date has included physical therapy, Ketamine infusion, medications including Imitrex, Cymbalta, promethazine, ibuprofen, Ketamine and Nortriptyline. Per the Primary Treating Physician's Progress Report dated 1/07/2015, the injured worker reported bilateral leg pain secondary to CRPS, lower limb, high ankle sprain of lower extremity. She presents today for a Ketamine infusion. She has undergone lumbar sympathetic blockade with good short term results lasting 2-3 weeks. The pain is most intense in the bilateral legs with radiation down both legs. Physical examination of the bilateral lower extremities revealed swelling and tenderness at the metatarsals and the tenderness at the talus. There was pain with extension of the toes, pain with flexion of toes and unable to fan toes. The plan of care included, and authorization was requested for Ketamine infusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine infusion: 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: Ketamine infusion is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that 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. The documentation does not indicate evidence of significant functional improvement from prior Ketamine infusions. There are no extenuating circumstances which necessitate going against MTUS guideline recommendations and therefore this request is not medically necessary.