

Case Number:	CM15-0120856		
Date Assigned:	07/01/2015	Date of Injury:	12/31/2014
Decision Date:	08/04/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/22/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 40 year old female who sustained an industrial injury on 12/31/2014 when kicked in the left ankle by someone who was having a seizure. Diagnoses include left ankle contusion, tendon tear of the left foot, and possible Complex Regional Pain Syndrome (CRPS). She since had subsequently "rolled the ankle" secondary to weakness in the ankle. Left ankle X-rays were normal. Left foot/ankle MRI (3/27/2015) showed split peroneus tendon tear and mild changes of osteoarthritis. Treatments to date included cold pack, activity modification, medications (ibuprofen, Skelaxin, Lyrica), physical therapy, aquatic therapy, home exercise program and use of a Cam Walker boot. Currently, the injured worker complained of ongoing pain in the left foot rated 3-4/10 VAS with medications. On 4/13/15, a revised PR2 documented the physical examination which revealed discoloration of the left foot with mottling and purple coloring compared to the right. There was also temperature abnormalities compared between the feet and there was a circulation delay noted. The provider diagnosed these findings as consistent with Complex Regional Pain Syndrome (CRPS). The plan of care included requesting the authorization of Ketamine injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine, Topical Analgesics Page(s): 56, 111-3. Decision based on Non-MTUS Citation 1) Green SM, Roback MG, Kennedy RM, Krauss B. Clinical Practice Guideline for Emergency Department Ketamine Dissociative Sedation: 2011 Update. Ann Emerg Med. 2011; 57:449-4612) Kurdi MS, Theerth KA, Deva RS. Ketamine: Current applications in anesthesia, pain, and critical care. Anesthesia, Essays and Researches. 2014; 8(3):283-290.

Decision rationale: Ketamine is classified as a dissociative agent. It is used in humans for facilitate painful emergency department (ED) procedures in children, in pre-hospital and battlefield medicine as the anesthetic of choice when supplies of oxygen and monitoring and disposable equipment are limited, in burn patients to provide analgesia in burn dressing changes, during excision and grafting and for sedation, as an anesthetic IV induction agent in the emergency setting in shocked or hypotensive patients and as an adjunct to IV regional anesthesia, peripheral nerve blocks and stellate ganglion blocks. There is limited scientific evidence of its use to treat to Chronic Regional Pain Syndromes (CRPS). The MTUS does not recommend its use for treatment of pain although it notes that some recent research shows it to be a promising therapeutic option for intractable CRPS. This patient has newly diagnosed CRPS and trials with use of classic treatment medications has not been completed. At this point in the care of this patient use of a medication that has limited clinical evidence of its effectiveness is not indicated. Medical necessity for use of this medication has not been established.