

Case Number:	CM15-0173659		
Date Assigned:	09/24/2015	Date of Injury:	01/20/2014
Decision Date:	11/19/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/03/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 58 year old male who sustained an industrial injury on January 20, 2014. A clinic follow up note dated July 22, 2015 reported chief subjective complaint of: "pre Ketamine infusion evaluation." The worker is with a history of right upper extremity complex regional pain syndrome, right shoulder carpal tunnel surgery in May 2014. The worker reports: "severe pain in his right extremity and debilitated by the pain." Current medication regimen consisted of: Nucynta, Gabapentin, and Nortriptyline. A progress noted dated June 16, 2015 reported subjective complaint of: "right hand, wrist pain that spreads to his elbow and triceps." Pain is "constant pressure associated with numbness in the fingers." He takes Nucynta, Gabapentin, and Nortriptyline and states "current medication regimen prevents large fluctuations in pain, but otherwise doesn't help much." He complains of dry mouth, restlessness, sexual dysfunction and sleepiness. He is currently not participating in physical therapy session as it "increased the pain." He is having trouble sleeping and using edible marijuana to help with sleep, but says it makes him feel hung over. He has had multiple sympathetic, stellate ganglion, cervical epidural blocks which have not worked. He is noted consuming alcohol 3 to 5 times weekly in the form of wine. The plan of care is with recommendation for ketamine infusion therapy is appropriate and indicated, pending approval. A request was made for ketamine infusion therapy treatments which were denied due to guidelines do not recommend this form of treatment under the diagnosis of complex regional pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine IV infusion treatment 5 days a week for 2 weeks. Qty: 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, CRPS, Ketamine Subanesthetic Infusion, Ketamine.

Decision rationale: Regarding the request for ketamine infusion, the Official Disability Guidelines (ODG) Pain Chapter states that Ketamine Subanesthetic Infusion is not recommended. The requesting physician has included citations of 4 studies. Two of these studies were included in ODG's review of literature and the other 2 do not contain sufficient power to override the recommendations by ODG (as discussed in the summary above). As such, the currently requested ketamine infusion is not medically necessary.

Ketamine IV infusion treatment 3-2 times a week for 10 weeks. Qty: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, CRPS, Ketamine Subanesthetic Infusion, Ketamine.

Decision rationale: Regarding the request for ketamine infusion, the Official Disability Guidelines (ODG) Pain Chapter states that Ketamine Subanesthetic Infusion is not recommended. The requesting physician has included citations of 4 studies. Two of these studies were included in ODG's review of literature and the other 2 do not contain sufficient power to override the recommendations by ODG (as discussed in the summary above). As such, the currently requested ketamine infusion is not medically necessary.

Lab work: Comprehensive metabolic panel monthly QTY 1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lab Tests Online, Comprehensive Metabolic Panel (<http://labtestsonline.org/understanding/analytes/cmp/tab/test>).

Decision rationale: Regarding the request for CMP, California MTUS and ODG do not address the issue. A CMP is ordered as a broad screening tool to evaluate organ function and check for conditions such as diabetes, liver disease, and kidney disease. The CMP may also be ordered to

monitor known conditions, such as hypertension, and to monitor people taking specific medications for any kidney- or liver-related side effects. Within the documentation available for review, there is no documentation regarding history of liver or kidney disease, medical condition that increase the risk for liver or kidney problem, or what specific medication that requires the monitoring of complete metabolic panel. Therefore, there is no clear indication for this testing. In light of the above issues, the currently requested CMP is not medically necessary.

Lab work: LDH weekly QTY 1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<https://labtestsonline.org/understanding/analytes/ldh/tab/test/>.

Decision rationale: With regard to the request for LDH, California MTUS and ODG do not address the issue. A LDH is a non-specific test that may be used in the evaluation of a number of diseases and conditions. It can be used as a general indicator of the existence and severity of acute or chronic tissue damage, to detect and monitor progressive conditions such as anemia, and to help stage, determine prognosis, and/or monitor treatment (i.e., chemotherapy) of cancers, such as germ cell tumors (e.g., some types of testicular cancer and ovarian cancer), lymphoma, leukemia, melanoma, and neuroblastoma. Within the documentation available for review, there is no documentation of any diseases that would require the screening test with LDH. In light of the above issues, the currently requested LDH is not medically necessary.