

Case Number:	CM15-0178202		
Date Assigned:	09/18/2015	Date of Injury:	04/10/2008
Decision Date:	11/06/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/10/2015

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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 53 year old female with an industrial injury dated 04-10-2008. Medical record review indicates she is being treated for generalized anxiety disorder, major depressive disorder, pain disorder associated with psychological factors and a general medical condition, opioid dependence and reflex sympathetic dystrophy. In the progress note dated 07-23-2015 the treating physician documents the following: "The claimant continues to struggle with severe anxiety, panic symptoms, chronic pain symptoms, neurovegetative depressive symptoms and feelings of desperation." The treating physician was requesting Ketamine. The treating physician documented in addition to Ketamine the injured worker would require Effexor, Suboxone, Clonazepam, Temazepam and Clonidine patch. In the 07-15-2015 the pain specialist documents the following information regarding the injured worker: She presented with an eight year history of complex regional pain syndrome. The treating physician documents the injured worker has generalized severe allodynia, hyperalgesia, significant color changes with trophic findings including lack of hair and nail bed changes. A spot check using infrared thermometry demonstrated at least a 3-degree difference between the left and right hand. She had contractures and limited range of motion as well as muscle tremor. "Given the global state of severe pain I agree with a trial of low dose ketamine in the office." Also documented in this note is a complaint of mid back pain that radiates to the neck and both hands. The pain is described as burning, aching, shooting, stabbing, dull, electric, constant, intermittent, sharp and tingling. The pain is documented as "intolerable" and is rated 10 out of 10. Duration is documented as "all the time." In the progress note dated 06-30-2015 the treating physician documents the injured worker "is mourning her losses and continues to be severely depressed." "She is so depressed

that she is almost impossible to communicate with." "She is not thinking clearly and reacts with anger and tears to even good news." In the 05-29-2015 note the treating physician documents the injured worker has a labile affect, depressed and anxious, irritable mood with shaky and halting speech. Other findings noted were halting speech, rumination, perseveration, groaning, poor eye contact, passive suicidal ideation and impaired judgment and insight. Prior treatment includes psychiatric evaluations, CD's for pain, group therapy, medications, pain management and physical therapy. The treatment request is for Ketamine therapy. On 08-19-2015 the request for Ketamine therapy was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Ketamine Subanesthetic infusion.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/ Ketamine Stress & Mental/ Ketamine.

Decision rationale: Per ODG, " Ketamine: Not recommended. There is insufficient evidence to support the use of ketamine for the treatment of CRPS. Current studies are experimental and there is no consistent recommendation for protocols, including for infusion solutions (in terms of mg/kg/hr), duration of infusion time, when to repeat infusions, how many infusions to recommend, or what kind of outcome would indicate the protocol should be discontinued. The safety of long-term use of the drug has also not been established, with evidence of potential of neurotoxicity." According to Stress and Mental Chapter of ODG, Ketamine is under study for depression and for PTSD. Ketamine is a rapid, effective treatment for patients with treatment-resistant depression, limited new research suggests, but it is not yet ready for clinical practice. A single intravenous dose of ketamine, a glutamate N-methyl-D-aspartate (NMDA) receptor antagonist, improved depression in 64% of patients within 24 hours of administration vs. 28% of patients who received the anesthetic midazolam. More research is needed to identify strategies to prolong and maintain ketamine's initial antidepressant response and to determine the drug's long-term safety profile. (Murrrough, 2013) The request for Ketamine therapy is under study for depression and there is insufficient evidence to support the use of ketamine for the treatment of CRPS. The request is not medically necessary at this time based on insufficient evidence regarding its use as well as safety profile for the above mentioned conditions.