

Case Number:	CM15-0036302		
Date Assigned:	04/08/2015	Date of Injury:	03/30/2007
Decision Date:	05/26/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	02/26/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, 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 57-year-old female who sustained an industrial injury on 03/30/07. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies are not addressed. Current complaints include right lower extremity pain. In a progress note the treating provider reports the plan of care as a Ketamine infusion. The requested treatments include a Ketamine infusion and associated services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ketamine IV infusion therapy: 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: The injured worker is a 57 year old female who sustained an industrial injury on 03/30/07 with resulting pain in the right lower extremity. Per the recent treating

providers notes, the pain is severe. According to the MTUS, Ketamine infusions are not recommended. Despite the current severe pain report in the right lower extremity, Ketamine is not an appropriate treatment option as it is not approved by the MTUS. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.

Additional hour of Ketamine IV infusion therapy: 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 MTUS Ketamine infusions are not recommended. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.

Observation care: 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: The injured worked is a 57 year old female who sustained an industrial injury on 03/30/07 with resulting pain in the right lower extremity. Per the recent treating providers notes, the pain is severe. According to the MTUS, Ketamine infusions are not recommended. Despite the current severe pain report in the right lower extremity, Ketamine is not an appropriate treatment option as it is not approved by the MTUS. Since Ketamine infusion is not approved, there is no need for the requested observation care. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.

Ketamine, unspecified strength and quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ketamine and Weaning of Medications Page(s): 56 and 124.

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

Decision rationale: The injured worked is a 57 year old female who sustained an industrial injury on 03/30/07 with resulting pain in the right lower extremity. Per the recent treating providers notes, the pain is severe. According to the MTUS, Ketamine infusions are not recommended. Despite the current severe pain report in the right lower extremity, Ketamine is not an appropriate treatment option as it is not approved by the MTUS. Since the Ketamine

infusion request is not medically necessary, the request for Ketamine is also not medically necessary. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.

Fentanyl citrate 0.1mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Actiq (Fentanyl lollipop) and Fentora (Fentanyl buccal tablet) Page(s): 12 and 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

Decision rationale: Per MTUS guidelines, opioids must be monitored based on dose and frequency. The current request is devoid of dose and frequency. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.

Midazolam hydrochloride, per 1mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 60.

Decision rationale: According to the MTUS, requests for medication must be made with respect to both dose and frequency. The current request is devoid of both dose and frequency. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.

1000 normal saline 0.9%: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/25589559>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction.

Decision rationale: According to the MTUS, medications must be requested with respect to both dose and frequency. The current request is devoid of both dose and frequency. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.

Lidocaine HCL for IV infusion 10mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lidocaine Infusions.

Decision rationale: The injured worker is a 57 year old female who sustained an industrial injury on 03/30/07 with resulting pain in the right lower extremity. Per the recent treating provider's notes, the pain is severe. According to the ODG, lidocaine infusions are experimental and not recommended. Despite the current severe pain report in the right lower extremity, lidocaine is not an appropriate treatment option as it is not approved by the ODG. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.