

Case Number:	CM14-0141136		
Date Assigned:	09/10/2014	Date of Injury:	12/18/2011
Decision Date:	10/07/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 29 year old female with an injury date of 12/18/11. Based on the 7/14/14 progress report by [REDACTED] this patient complains of symptoms in bilateral legs, described as "cramping, aching, tiring/exhausting, sharp, shooting, stabbing, throbbing and constant." These symptoms "adversely limit general activity, is in incapacitating, mood, normal work, recreational activities, relationships with people, restricts weight bearing activity, sleep and walking." Pain intensity by this patient is reported as: "a current numeric score of 7/10, pain that at its worst reaches 9/10, at the lowest is 5/10, an average overall pain score of 7/10 and is experience as severe pain." Exam of the bilateral lower extremities show: "insp & palp - LE- feet: swelling, tenderness at the metatarsals and tenderness at the talus; range of motion - LE; feet: pain with extension of toes, pain with flexion of toes and unable to fan toes. MS: left lower extremity: jnsp & palp - LLE- foot: swelling, tenderness at the metatarsals and tenderness at the talus; strength & tone - LLE; forefoot rise (LS): abnormal; Inversion (LS), deep peroneal nerve: extension weakness with 3{5 strength; squat (L4): abnormal." Neurological exams shows: "orientatlon- overall: oriented to person, place and time; deep tendon reflex/nerve stretch; overall: deep tendon reflexes Intact; left patella: blunted at 1+; right patella: slightly blunted at 2; babinski: bilateral down-going; hoffman: bilateral normal; nerve root tension tests: normal right passive straight leg raise and positive left passive straight leg raise; clonus: Negative bilaterally; romberg sign: positive; sensation; left Lateral Leg (LS): increased to light touch and increased to pin prick." This patient's employment status: disabled. Diagnoses for this patient are as follows: 1.CRPS (complex regional pain syndrome), lower limb; Onset: 4/30/2014 Status: Active 2.Depression; Status: Active 3.GERD (gastroesophageal reflux disease); Status: Active 4.Lumbar Radiculitis; Onset: 4/30/2014 Status: Active 5.Migraine; Status: Active 6.Foot surgery April 2011 Left foot; extraction of nevicular and tibialis tendon The utilization review

being challenged is dated 7/24/14. The request is for IV Ketamine infusion daily x 10. The requesting provider is [REDACTED] and he has provided various progress reports from 4/30/14 to 9/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

IV Ketamine infusion daily x10: Overturned

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): 8-9, 56.

Decision rationale: This patient suffers from intractable bilateral leg pain secondary to Complex Regional Pain Syndrome (CRPS) with symptoms, requiring the use of opioid analgesics. The treater requests IV Ketamine infusion daily times 12. According to California Medical Treatment Utilization Schedule (MTUS), pg. 8-9, "when prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." MTUS guidelines, page 56, state Ketamine "may offer a promising therapeutic option in the treatment of appropriately selected patients with intractable CRPS." The treater performed a total 100 mg of Ketamine IV infusion on 7/14/14. This patient experienced no complications during or immediately after the infusion and "reported a decrease from 7/10 to a low of 0/10 at the conclusion of the infusion." Furthermore, the 7/14/14 progress note states "there has been a notable improvement in baseline daily function and reported quality of life with the use of opioid analgesics. Given compliance testing has been conducted to confirm this patient does not have multiple opioid prescribers, as well as having submitted a urine sample for opiate compliance screening, and the notable functional improvements made, recommendation is for authorization.