



MEDICAL COVERAGE GUIDELINES  
SECTION: DRUGS

ORIGINAL EFFECTIVE DATE: 07/24/07  
LAST REVIEW DATE: 10/15/13  
LAST CRITERIA REVISION DATE: 11/01/11  
ARCHIVE DATE:

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## INTRAVENOUS ANESTHETICS FOR TREATMENT OF CHRONIC PAIN

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Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Medical Coverage Guideline must be read in its entirety to determine coverage eligibility, if any.

The section identified as "Description" defines or describes a service, procedure, medical device or drug and is in no way intended as a statement of medical necessity and/or coverage.

The section identified as "Criteria" defines criteria to determine whether a service, procedure, medical device or drug is considered medically necessary or experimental or investigational.

State or federal mandates, e.g., FEP program, may dictate that any drug, device or biological product approved by the U.S. Food and Drug Administration (FDA) may not be considered experimental or investigational and thus the drug, device or biological product may be assessed only on the basis of medical necessity.

Medical Coverage Guidelines are subject to change as new information becomes available.

For purposes of this Medical Coverage Guideline, the terms "experimental" and "investigational" are considered to be interchangeable.

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### Description:

Intravenous (IV) infusions of anesthetics (i.e., ketamine, lidocaine) have been investigated for the treatment of chronic pain associated with neuropathic pain disorders including phantom limb pain, post-herpetic neuralgia, complex regional pain syndromes, diabetic neuropathy, pain related to stroke or spinal cord injuries and chronic pain associated with fibromyalgia.

IV infusions of anesthetics are given in the inpatient or outpatient setting and may be part of a pain management program. Severe adverse effects include arrhythmias, seizures, loss of consciousness, confusion, hallucinations, aggression or even death.



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## INTRAVENOUS ANESTHETICS FOR TREATMENT OF CHRONIC PAIN (cont.)

### Criteria:

- Intravenous anesthetics for treatment of chronic pain including, but not limited to, chronic neuropathic pain and fibromyalgia, is considered ***experimental or investigational*** based upon:
1. Insufficient scientific evidence to permit conclusions concerning the effect on health outcomes, and
  2. Insufficient evidence to support improvement of the net health outcome, and
  3. Insufficient evidence to support improvement of the net health outcome as much as, or more than, established alternatives.

These anesthetics include, *but are not limited to*:

- Ketamine
- Lidocaine

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### Resources:

1. 5.01.16 BCBS Association Medical Policy Reference Manual. Intravenous Anesthetics for the Treatment of Chronic Pain. Re-issue date 09/12/2013, issue date 04/16/2004.