

<b>Case Number:</b>	CM13-0011419		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	08/16/2011
<b>Decision Date:</b>	11/28/2014	<b>UR Denial Date:</b>	08/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

Patient is a 31-year-old male who has submitted a claim for chronic neck strain, subluxation of the metatarsophalangeal joint status post-surgery, mild right ulnar motor neuropathy, chronic low back pain, and complex regional pain syndrome of the left upper extremity associated with an industrial injury date of 8/16/2011. Medical records from 2014 were reviewed. Patient complained of pain at the neck, left shoulder, arm, elbow, wrist and hand, lower back, and right knee. Low back pain radiated to bilateral lower extremities, left greater than right. Pain was accompanied by numbness and tingling sensation. Physical examination of the cervical spine showed muscle guarding and painful range of motion. Myofascial tenderness was noted at bilateral trapezius. Tennis elbow test was positive on the left. Examination of the lumbar spine showed muscle guarding, limited motion, and tenderness. Crepitus was noted at both knees. Motor strength of right C6 and C7 myotome were graded 4/5. Reflexes were intact. Electrodiagnostic study from 5/22/2014 showed mild right ulnar motor neuropathy at the elbow. MRI of the cervical spine, dated 5/18/2014, showed a 2-mm disc protrusion at C6 to C7 level. Treatment to date has included partial amputation of the left hand middle finger, acupuncture, physical therapy, and medications. Utilization review from 8/14/2013 modified the requests for retroactive cervical sympathetic ganglion blocks (DOS 8/14/13 - 8/14/13) and pain management consult into approval of pain management consult only to determine then necessity of the procedure; denied naproxen sodium 550 mg 1 po tid- retroactive DOS 8/14/13-8/14/13) because long-term NSAID use was not recommended; modified the request for hydrocodone 7.5mg/650mg 1 po bid into #30 for the purpose of weaning as there was no documentation of maintained increase in function or decrease in pain with medication use; denied retroactive-pantoprazole 20mg 1 po tid (DOS 8/14/13 thru 8/14/13) because of absence of gastrointestinal

risk factors; and modified the request for cyclobenzaprine 7.5mg 1 po tid prn for the purpose of weaning because long-term use was not recommended.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Retroactive Cervical Sympathetic Ganglion Blocks (DOS 8/14/13 - 8/14/13): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, Sympathetic and Epidural Blocks, Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) Page(s): 39;103-104.

**Decision rationale:** As stated on pages 103-104 of CA MTUS Chronic Pain Medical Treatment Guidelines, there is limited evidence to support stellate ganglion block (SGB), with most studies reported being case studies. This block is proposed for the diagnosis and treatment of sympathetic pain involving the face, head, neck, and upper extremities. Proposed indications for pain include: CRPS, herpes zoster, post-herpetic neuralgia, and frostbite. Sympathetic ganglion blocks are recommended only for a limited role, primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. Repeat blocks are only recommended if continued improvement is observed. In this case, patient complained of neck pain radiating to the left shoulder, associated with numbness and tingling sensation. The pain persisted despite acupuncture, physical therapy, and medications; hence, this request for a sympathetic ganglion block. However, progress report from August 14, 2013 was not available for review; only recent reports from 2014 were submitted in the clinical records. Subjective report, as well as clinical examination, was insufficient to determine the medical necessity of the procedure for that period. Moreover, a simultaneous request for pain management consult had been certified to initially determine the need for the procedure. Therefore, the request for retroactive cervical sympathetic ganglion blocks (DOS 8/14/13 - 8/14/13) was not medically necessary.

#### **Pain Management Consult: Overturned**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this

case, patient complains of neck pain radiating to the left shoulder, associated with numbness and tingling sensation. The pain persisted despite acupuncture, physical therapy, and medications; hence, this request for a pain management consultation. The treatment plan is for cervical sympathetic ganglion block. There is failure of current therapies for the patient's problems, which may warrant a referral to a pain management specialist to determine the necessity of the recommended procedure. Therefore, the request for pain management consult is medically necessary.

**Naproxen Sodium 550 Mg 1 Po tid- Retroactive Dos(8/14/13-8/14/13): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs  
Page(s): 46.

**Decision rationale:** As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, the initial prescription date for naproxen was unknown due to lack of progress reports from 2013. There was no documentation concerning pain relief and functional improvement derived from its use. The medical necessity cannot be established due to insufficient information. Therefore, the request for naproxen sodium 550 mg 1 po tid- retroactive DOS 8/14/13-8/14/13) was not medically necessary.

**Hydrocodone 7.5mg/650mg 1 Po Bid: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78.

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on hydrocodone since 2013. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. Urine drug screen is likewise not available for review. MTUS Guidelines require clear and concise documentation for ongoing management. The request likewise failed to specify quantity to be dispensed. Therefore, the request for hydrocodone 7.5mg/650mg 1 po bid is not medically necessary.

**Retroactive- Pantoprazole 20mg 1 Po tid (DOS 8/14/13 THRU 8/14/13): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 68.

**Decision rationale:** As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient had been on pantoprazole since 2013. However, there was no subjective report of heartburn, epigastric burning sensation or any other gastrointestinal symptoms that may corroborate the necessity of this medication. Furthermore, patient did not meet any of the aforementioned risk factors. The guideline criteria were not met. Therefore, the request for retroactive- pantoprazole 20mg 1 po tid (DOS 8/14/13 thru 8/14/13) was not medically necessary.

**Cyclobenzaprine 7.5mg 1 Po tid prn:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** According to page 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the patient has been on cyclobenzaprine since 2013. Although the most recent physical exam still showed evidence of muscle spasm, long-term use of muscle relaxant is not guideline recommended. There is likewise no documentation concerning pain relief and functional improvement derived from its use. Moreover, the present request as submitted failed to specify quantity to be dispensed. Therefore, the request for cyclobenzaprine 7.5mg 1 po tid prn is not medically necessary.