

Case Number:	CM13-0038229		
Date Assigned:	12/18/2013	Date of Injury:	07/17/2012
Decision Date:	03/18/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	09/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine, and is licensed to practice in Illinois. 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 physician 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:

The patient is a 40-year-old female who reported injury on 07/17/2012. The mechanism of injury was stated to be the patient was cleaning overhead and something dropped on her forearm, and it was noted to be a spider and the patient was noted to suffer a spider bite. The patient was noted to have significant surgery repair for removal of necrotic material. The patient was noted to be undergoing burning pain of the left arm, forearm, and left wrist over the site of injury. The wound was noted to change color from white to purple and the patient indicated the wound gets hot and cold. The patient indicated she does not like it touched. The patient additionally indicated that, when she goes to bed at night, she sleeps with her arm outside the covers and would not allow anybody to touch her arm. The pain was noted to be burning in nature and severe. The patient was noted to have tried narcotics, which did not help. The diagnosis was noted to be left sympathetic dystrophy, mostly centered in the left forearm. It was indicated the physician would request cyclobenzaprine and naproxen, a COX-2 inhibitor. The physician additionally indicated they were ordering amitriptyline for sleep in case the patient had difficulty falling asleep. The request was made for a left stellate ganglion block due to the reflex sympathetic dystrophy in the left arm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left stellate ganglion block times 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15-16, 18, 65, 73, and 103-104.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS Page(s): 35, 36, 103/104..

Decision rationale: California MTUS Guidelines indicate there is limited evidence to support a stellate ganglion block and that it is used for patients with a diagnosis of CRPS. CRPS is diagnosed by the following: (1) presence of an initiating noxious event or cause of immobilization that leads to development of the syndrome; (2) continuing pain, allodynia, or hyperalgesia which is disproportionate to the inciting event and/or spontaneous pain in the absence of external stimuli; (3) evidence at some time of edema, changes in skin, blood flow, or abnormal pseudomotor activity in the pain region; and (4) the diagnosis is excluded by the existence of conditions that would otherwise account for the degree of pain or dysfunction. Criteria 2 through 4 must be satisfied to make the diagnosis. The patient was noted to have redness over the left arm and severe pain. The patient was noted to have redness that goes all the way down to the hands. There was noted to be no streaking with any evidence of infection. The patient indicated it turns bright white and sometimes purple. The patient was noted to have no atrophic changes. The patient's left hand was noted to have less finger creases than the right. The nail bed did not change colors. The patient was noted to have decreased pain and touch sensation in the left arm throughout below the elbow. The patient was noted to be undergoing burning pain of the left arm, forearm, and left wrist over the site of injury. The wound was noted to change color from white to purple and the patient indicated the wound gets hot and cold. The patient indicated she does not like it touched. The pain was noted to be burning in nature and severe. The patient criteria 2 and 3 however, there was a lack of documentation regarding #4 and there was a lack of documentation indicating the body part for the left stellate ganglion block. Given the above, the request for left stellate ganglion block times 1 is not medically necessary.

Cyclobenzaprine 7.5mg BID, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15-16, 18, 65, 73, and 103-104..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41, 64.

Decision rationale: California MTUS Guidelines indicate that cyclobenzaprine is recommended for a short course of therapy and is not recommended for use longer than 2 weeks to 3 weeks. There is a lack of documentation indicating the patient had a necessity for muscle relaxants per the objective examination. Given the above, the request for Cyclobenzaprine 7.5mg BID, QTY: 60 is not medically necessary.

Naproxen Sodium 550mg BID, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15-16, 18, 65, 73, and 103-104..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 66.

Decision rationale: California MTUS Guidelines indicate that naproxen is a nonsteroidal anti-inflammatory drug for the relief of the signs and symptoms of osteoarthritis. The clinical documentation submitted for review indicated the patient was in need of a COX-2 inhibitor; however, naproxen is not considered a COX-2 inhibitor. Additionally, the patient was not indicated to have osteoarthritis to support the use or necessity for Naproxen. Given the above, the request for Naproxen Sodium 550mg BID, QTY: 60 is not medically necessary.

Amitriptyline, 1 unit requested: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15-16, 18, 65, 73, and 103-104..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Insomnia Treatment.

Decision rationale: California MTUS Guidelines indicate that amitriptyline is a tricyclic antidepressant, considered a first line agent for chronic pain. The physician indicated that the amitriptyline was not being used for pain and it was being used for treatment in case the patient had difficulty falling asleep. As such, secondary guidelines were sought. Official Disability Guidelines indicate that amitriptyline has been used to treat insomnia; however, there is less evidence to support their use for insomnia, but they may be an option in patients with co-existing depression. The clinical documentation submitted for review failed to provide the patient had signs or symptoms of difficulty falling asleep or staying asleep. It was indicated that the patient slept with her arm outside the covers; however, there was lack of documentation indicating the patient had difficulty sleeping. The request as submitted failed to indicate a quantity or strength. Given the above and the lack of documentation of exceptional factors, the request for Amitriptyline, 1 unit is not medically necessary.