

Case Number:	CM13-0048046		
Date Assigned:	12/27/2013	Date of Injury:	02/09/2011
Decision Date:	04/16/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/04/2013

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 Internal Medicine, and is licensed to practice in New York. 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 claimant is a 39 year old female who sustained an industrial injury on 02/09/2011. The mechanism of injury was not provided. Her diagnoses include chronic pain of the right arm, mononeuritis of the upper right arm and mononeuritis multiplex, and injury to the peripheral nerves of the right shoulder and ulnar nerve. She complains of severe pain in the right inner elbow and forearm which radiates to the fingers of the right hand. The right arm feels weak. On exam she has decreased range of motion of the right shoulder with 3/5 right elbow strength and 4/5 strength of the right wrist. Treatment has included medical therapy with opiates, sympathetic nerve blocks, and a trial of a spinal cord stimulator. The treating provider has requested a trial of Ziconotide by intrathecal injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIAL OF ZICONOTIDE BY INTRATHECAL INJECTION: 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 Ziconotide (Prialt) Page(s): 126.

Decision rationale: There is no documentation provided necessitating a trial of Ziconotide by intrathecal injection. Per the guidelines, the medication is recommended for use after there is evidence of a failure of a trial of intrathecal morphine or Hydromorphone (Dilaudid), and only in individuals for whom the potential benefits outweigh the risks of serious neuropsychiatric adverse effects. This medication is meant to be an option for patients who are intolerant and/or refractory to intrathecal morphine. The advantage of the medication is that it is considered non-addictive. There is no documentation of a trial of intrathecal morphine. Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.