MAXIMUS Federal Services

Case Number:	CM13-0050664		
Date Assigned:	04/09/2014	Date of Injury:	09/18/2006
Decision Date:	05/23/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/14/2013

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 Occupational Medicine, 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:

The applicant is a represented [redacted] employee who has filed a claim for reflex sympathetic dystrophy, low back pain, and chronic foot pain reportedly associated with an industrial injury of September 18, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation, psychotropic medications; a spinal cord stimulator implantation in 2007; unspecified amounts of psychotherapy; and multiple epidural steroid injections. In a Utilization Review Report of October 23, 2013, the claims administrator denied a request for a stellate ganglion block on the grounds that the applicant did not have evidence of chronic regional pain syndrome, denied a request for Norco owing to the fact that the applicant's pain complaints had not been clearly detailed, and denied a request for urine drug testing. The applicant's attorney subsequently appealed. In a September 30, 2013 progress note, the applicant is described as having longstanding pain complaints. She is status post two epidural steroid injections and lumbar sympathetic blocks with several weeks of relief. The applicant is status post a spinal cord stimulator revision in 2012, it is further noted. Her present medications include Norco, Klonopin, and Cymbalta. Her pain is scored at 9/10. She exhibits an antalgic gait and diminished right upper extremity sensorium. Norco, stellate ganglion block, and a lumbar sympathetic block are endorsed. It is noted that the applicant exhibits diminished right upper extremity strength and does exhibit hyperalgesia and hyperesthesias about the right upper extremity. The applicant's work status is not detailed. Multiple handwritten progress notes interspersed throughout 2013, including May 15, 2013 and May 29, 2013, suggest that the applicant is off of work, on total temporary disability, owing to a combination of medical and mental health issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT UPPER EXTREMITY STELLATE GANGLION BLOCK: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 103.

Decision rationale: As noted on page 103 of the MTUS Chronic Pain Guidelines, regional sympathetic blocks in the form of stellate ganglion blocks are weakly supported in the diagnosis and treatment of chronic regional pain syndrome. In this case, the attending provider has posited that the applicant carries the newly developed diagnosis of chronic regional pain syndrome of the right upper extremity. The applicant does not appear to have had any prior sympathetic blocks pertaining to the right upper extremity as the bulk of the treatment has pertained to the lower extremity. The applicant does appear to have pain about the right upper extremity with associated hyperalgesia about the same. A trial right upper extremity stellate ganglion block is therefore indicated. Accordingly, the request is medically necessary and appropriate.

RIGHT LUMBAR SYMPATHETIC BLOCKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 110.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on CRPS, sympathetic and epidural blocks Page(s): 39.

Decision rationale: The request in question represents the request for repeat lumbar sympathetic blocks. As noted on page 39 of the MTUS Chronic Pain Guidelines, sympathetic blocks are recommended "for a limited role" primarily for the diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. In this case, however, the applicant has had prior lumbar sympathetic blocks. These blocks were ineffectual. The applicant has failed to respond favorably to the same. The applicant continues to use multiple medications and is off of work, on total temporary disability, implying a lack of functional improvement. Accordingly, the request is not medically necessary and appropriate.

URINE TOXICOLOGY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, section on Urine Drug Testing.

Decision rationale: While page 43 of the MTUS Chronic Pain Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. As noted in the ODG Chronic Pain Chapter, Urine Drug Testing topic, an attending provider should clearly state which drug tests and/or drug panels he intends to test for along with the request for authorization for testing. In this case, the attending provider did not state which drug tests and/or drug panels were being tested for, nor did the attending provider state when the last time the applicant was tested. Since several ODG criteria for the pursuit of drug testing have not seemingly been met, the request is not medically necessary and appropriate.

NORCO 10-325MG #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: Norco is an opioid. As noted on page 80 of the MTUS Chronic Pain Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of a successful return to work, improved functioning, and/or reduced pain achieved as a result of ongoing opioid usage. In this case, however, these criteria have not been met. The applicant is off of work, on total temporary disability. The applicant remains highly reliant on various analgesic and psychotropic medications in addition to Norco. There is no evidence of improved functioning and/or appropriate analgesia effected as a result of ongoing Norco usage. Accordingly, the request is not medically necessary and appropriate.