

<b>Case Number:</b>	CM14-0103011		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	01/15/2013
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	06/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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:

This is a 44-year-old female who was injured on 1/15/14. The mechanism of injury was not provided. She was noted to be with injury to the right knee. She was status post right knee arthroscopy and partial meniscectomy were performed. Post-operatively, there were complaints of Reflex Sympathetic Dystrophy to the right lower extremity with a recent 6/2/14 report indicating continued complaints of pain and examination showing allodynia with hypersensitivity along the infrapatellar branch of the saphenous nerve with restricted knee range of motion, 4/5 motor strength diffusely, and a moderate joint effusion. The claimant was referred to a Pain Management specialist for a lumbar sympathetic blockade and continued use of oral analgesics being recommended. There was no indication of prior blockade for this claimant's current diagnosis of Reflex Sympathetic Dystrophy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar sympathetic block injection for the right knee:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks;Thoracic Sympathetic Blocks Page(s): 103; 104.

**Decision rationale:** Based on California MTUS Chronic Pain Guidelines, regional sympathetic blockade in this individual with current diagnosis of Reflex Sympathetic Dystrophy would not be supported. Guideline criteria currently indicates that there is limited evidence to support the use of this procedure with no evidence of long term benefit or functional improvement noted with case studies. The specific request for sympathetic blockade in this individual would not be indicated. The request is not medically necessary.

**Percocet 5/325 mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Criteria For Use Page(s): 76-80.

**Decision rationale:** California MTUS Chronic Pain Medical Treatment Guidelines would support the continued use of Percocet. This individual is with continued acute symptoms based on Reflex Sympathetic Dystrophy following a knee arthroscopy with positive physical examination findings. The use of this agent for symptomatic pain relief would be indicated. The request is medically necessary.

**Norco 5/325 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Criteria For Use Page(s): 76-80.

**Decision rationale:** CA MTUS Guidelines would not support the use of Norco. Presently, there was a request for two short-acting narcotic analgesics in this individual. While guidelines would support the use of Percocet, the use of Norco in a concordant fashion would not be supported given that usage of short-acting narcotic analgesics has already been approved. Therefore, this request is not medically necessary.