

Case Number:	CM14-0108327		
Date Assigned:	09/16/2014	Date of Injury:	10/27/2006
Decision Date:	10/28/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/11/2014

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 Spine Surgeon and is licensed to practice in Texas. 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 injured worker is a 47-year-old male who reported an injury on 10/07/2006. The mechanism of injury was the injured worker was participating in running an obstacle course and stepped on a piece of plywood on top of a wall and felt and heard a loud pop in his left ankle. The injured worker underwent X-rays and an Achilles surgical intervention. The Achilles was noted to be torn completely away from the bone. The prior treatments included a cam walker and a spinal cord stimulator. The injured worker's medications included Flexeril, Lunesta, Norco, Nuvigil, Phenergan, Senna S, Zolofl, and tizanidine. The tizanidine was in use since at least early 2014. The documentation of 07/24/2014 revealed the injured worker had complaints of low back pain and left lower extremity pain and neuropathy. The injured worker was utilizing Flexeril for muscle tightness and the injured worker indicated it made his back feel less tight. The physical examination revealed the injured worker had an antalgic gait and difficulty rising from a chair. The injured worker was walking with his left foot in a cast. The injured worker had sensitivity in the left lower extremity. The injured worker had muscle atrophy in the left lower extremity. The injured worker had hypersensitivity of the left lower extremity. The diagnoses included status post Achilles tendon rupture, CRPS left lower extremity, acute exacerbation of pain, painful keloid scar, and successful trial of neuroaxial opiates. The treatment plan included cyclobenzaprine 10 mg 1 every 8 hours, Norco 10/325 mg 1 every 4 to 6 hours, and tizanidine 4 mg tablets 1 to 2 tablets at bedtime as needed. There was a Request for Authorization for the medications. The documentation of 08/20/2014 revealed the injured worker was unable to get his pain medication. There was no physician documentation requesting the intervention submitted for review. There was no Request for Authorization for the left lumbar sympathetic block with fluoroscopic guidance and IV sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left Lumbar 2 sympathetic block with fluoroscopic guidance and IV sedation.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar Sympathetic blocks:.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Sympathetic Block Page(s): 103. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, CRPS, sympathetic blocks (therapeutic) IV regional anesthesia

Decision rationale: The California MTUS Guidelines indicate that there is limited evidence to support the procedure with most procedures being case studies. Additionally, possible indications include CRPS and there should be documentation of aggressive physical therapy to optimize success. The clinical documentation submitted for review failed to provide a rationale for the requested service. The level and laterality for the block were not submitted for review. The California MTUS Guidelines do not address IV sedation. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that IV regional anesthesia is not recommended due to a lack of evidence for use for a sympathetic block. There was a lack of documented rationale for IV sedation. Given the above, the request for 1 left lumbar 2 sympathetic block with fluoroscopic guidance and IV sedation is not medically necessary.

1 Prescription of Cyclobenzaprine 10mg, #60.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute pain. Their use is recommended for less than 3 weeks. The clinical documentation submitted for review indicated the injured worker had utilized 2 muscle relaxants for an extended duration of time. There was a lack of documented objective functional benefit. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. There was a lack of documentation indicating a necessity for 2 muscle relaxants. The request submitted failed to indicate the frequency for the requested medication. Given the above, the request for 1 prescription of cyclobenzaprine 10 mg #60 is not medically necessary.