MAXIMUS Federal Services

| Case Number: | CM14-0109094 | | |
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| Date Assigned: | 08/01/2014 | Date of Injury: | 02/09/2011 |
| Decision Date: | 10/31/2014 | UR Denial Date: | 07/09/2014 |
| Priority: | Standard | Application Received: | 07/14/2014 |

## 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 Occupational Medicine, has a subspecialty in 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 complex regional pain syndrome, ulnar neuropathy, and upper extremity pain reportedly associated with an industrial injury of February 9, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; an earlier unsuccessful spinal cord stimulator trial; earlier cubital tunnel syndrome; thoracic epidural steroid injection therapy; sympathetic blocks; and extensive periods of time off of work. In a Utilization Review Report dated July 8, 2014, the claims administrator denied a request for a trial of intrathecal Prialt. Despite the fact that the MTUS addressed the topic, the claims administrator nevertheless invoked non-MTUS ODG Guidelines in its denial.The applicant's attorney subsequently appealed.In a progress note dated May 29, 2014, difficult to follow, somewhat blurred as a result of repetitive photocopying, the applicant reported ongoing severe right upper extremity, right elbow, and right forearm pain with associated stiffness, hypersensitivity, and allodynia. The applicant reportedly had minimal-to-no use of the right upper extremity. The attending provider wrote that the only remaining option from a pain management perspective is a trial of intrathecal Prialt. It was stated that utilization review had denied ketamine infusion protocol and further noted that a spinal cord stimulator had also been tried and failed. The applicant was asked to remain off of work.In a seemingly separate note dated May 29, 2014, the applicant again presented with worsening complex regional pain syndrome about the right upper extremity. The applicant had not worked since March 2011. Previous treatments included physical therapy, cubital tunnel release surgery, and injection therapy. The applicant was a nonsmoker, it was noted. The applicant's medication list included Norco, Nucynta, Pamelor, Restasis, Ultracet, and Tylenol, it was stated.On March 6, 2014, it was stated the applicant's CRPS-related complaints had proven refectory to stellate ganglion blocks,

spinal cord stimulator therapy, medications, time, and physical therapy.On January 9, 2014, it was suggested that the applicant had consulted a pain management physician who had recommended a trial of intrathecal opioids.The remainder of the file was surveyed. There was no mention of the applicant having previously received intrathecal opioid therapy. In fact, on March 6, 2014, it was suggested that the applicant had not yet received intrathecal medications.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Trial of Intrathecal Zincotinide (Prialt):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ziconotide topic. Page(s): 126.

**Decision rationale:** As noted on page 126 of the MTUS Chronic Pain Medical Treatment Guidelines, intrathecal Prialt is recommended for use after there is evidence of a failure of a trail of intrathecal morphine or Dilaudid in applicants in whom the potential benefits outweigh the risks of serious neuropsychiatry adverse effects. In this case, it does not appear that the applicant has previously tried and/or failed intrathecal opioids before a trial of Prialt was considered. In fact, on March 6, 2014, it was suggested that the applicant had not previously received an intrathecal pain pump and/or intrathecal opioids. Therefore, the request for Trial of Intrathecal Zincotinide (Prialt) is not medically necessary.