

Case Number:	CM14-0114854		
Date Assigned:	08/04/2014	Date of Injury:	07/31/2001
Decision Date:	09/24/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/22/2014

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 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 injured worker is a female with date of injury 7/31/2001. Per pain management follow up note, the injured worker has significant pain, primarily issues with pain in her left shoulder, left pectoral area and radiating down her arm. Her neck pain has been completely relieved by her radiofrequency; however, her radiating pain persists. She has had a previous diagnosis of repetitive stress syndrome and has responded to supraclavicular blocks. On examination her reported pain is 5/10. She holds her head in a normal position. She has full range of motion at the cervical spine without discomfort. She has tenderness over the left supraclavicular area. She has difficulty going to the hands up position. Her left radial pulse disappears with the hands up position and it increases her symptoms in her hand. Diagnoses include 1) left cervical facet pain, doing well 2) no evidence of left cervical radiculopathy 3) repetitive stress syndrome as the cause of her symptoms in her left arm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Supraclavicular Block with fluoroscopy and IV Sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Cervical/Thoracic Spine Page(s): 174-175.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, Sympathetic and Epidural Blocks section Page(s): 39, 40. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, CRPS Treatment section.

Decision rationale: The MTUS Guidelines recommend blocks primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. Repeated blocks are only recommended if continued improvement is observed. Less than 1/3 of patients with CRPS are likely to respond to sympathetic blockade. Predictors of poor response include long duration of symptoms prior to intervention, elevated anxiety levels, poor coping skills and litigation. The ODG does not recommend the use of brachial plexus blocks due to lack of evidence for use and risk of complications including infection, intravascular injection, pneumothorax and phrenic nerve paralysis. The requesting physician reports that the injured worker has responded previously to supraclavicular blocks. Medical necessity for this request has not been established within the recommendations of the MTUS Guidelines and the ODG. The request for Left Supraclavicular Block with fluoroscopy and IV Sedation is determined to not be medically necessary.

6 Post-Injection Physical Therapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine section Page(s): 98, 99.

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified; receive 9-10 visits over 8 weeks. The injured worker has sustained a repetitive motion injury 13 years ago. Number of sessions of physical therapy and response to therapy is not reported by the requesting physician. The request for supraclavicular block was determined to not be medically necessary, so the therapy to follow the injection will not be necessary. The request for 6 Post-Injection Physical Therapy Sessions is determined to not be medically necessary.

Oxycodone 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The requesting physician reports that injured worker does have symptoms and her medications do provide benefit to her. There is no assessment reported of how much pain reduction there is with the medications, or improvement in function, or improvement in quality of life. The injured worker sustained a repetitive motion injury over 13 years ago and has been treated chronically with opioid pain medications. Pain progress note dated 5/29/2014 reports that the injured worker had been weaned down from Hydrocodone 10 mg 75 pills to 60 pills, and has tolerated that well. She tried going below 2 per day, but began to have withdrawal symptoms and increased pain. This request is an increase in opioid dosing from 20 Morphine equivalent doses per day to 45 Morphine equivalent doses per day. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment with an increasing opioid dose. The request for Oxycodone 10/325mg #90 is determined to not be medically necessary.