

Case Number:	CM14-0139827		
Date Assigned:	09/08/2014	Date of Injury:	12/02/1994
Decision Date:	10/29/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/28/2014

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:

There were 59 pages provided for review. The application for medical review was signed on August 12, 2014. Per the records provided, the patient has cubital tunnel syndrome, depressive disorder, anxiety and reflex sympathetic dystrophy. The denied or modified treatment was for stellate ganglion block on the left times two, anesthesia with x-rays of the neck times two, fluoroscopic guidance and Roxicodone. There was an August 11, 2014 utilization review determination. The claimant is described a 52-year-old female who was injured back in the year 1994. There was a history of the left ulnar surgery and the right arm surgery times two. The patient has been treated with stellate ganglion block in the recent past. She had limited improvement just 2 to 3 weeks. The total current opiate dose equivalent to 780. She has had increases in pain medicine dosage in the recent past with only minimal and temporary benefit. There was as of July 31, 2014 worsening left arm pain with numbness in the wrist, thumb and index and ring fingers. The current medicines are methadone, oxycodone and soma. They have previously tried nerve blocks, injections, physical therapy, TENS, acupuncture and a psychologist. Prescriptions included soma, Roxicodone and methadone. The diagnoses were cubital tunnel syndrome, depressive disorder, anxiety disorder and reflex sympathetic dystrophy. The patient states there is 50% improvement of pain and symptoms to the left upper extremity lasting 2 to 3 weeks following the recent left stellate ganglion block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left stellate gang block (x2): Upheld

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

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

Decision rationale: Regarding Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) the MTUS notes that recommendations are generally limited to diagnosis and therapy for CRPS (Complex Regional Pain Syndrome). There is limited evidence to support this procedure, with most studies reported being case studies. The long term objective benefit out of the blocks is not known; and the diagnosis of CRPS is not clearly established. Therefore, the medical necessity for Left Stellate Gang Block (x2).

Anesthesia with x-rays-neck (x2): Upheld

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

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

Decision rationale: As shared, regarding Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) the MTUS notes that recommendations are generally limited to diagnosis and therapy for CRPS ((Complex Regional Pain Syndrome). There is limited evidence to support this procedure, with most studies reported being case studies. The long term objective benefit out of the blocks is not known; and the diagnosis of CRPS is not clearly established. As the primary injections are not certified, then the need for x-rays and anesthesia would also not be needed. The request for Anesthesia with X-Rays is not medically necessary.

Fluoroscopic guidance: Upheld

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

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

Decision rationale: As shared, regarding Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) the MTUS notes that recommendations are generally limited to diagnosis and therapy for CRPS. There is limited evidence to support this procedure, with most studies reported being case studies. The long term objective benefit out of the blocks is not known; and the diagnosis of CRPS is not clearly established. As this primary injection was not certified, the fluoroscopy to do the injection also is not certifiable. Therefore, the request for Fluoroscopic Guidance is not medically necessary.

Tox screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

Decision rationale: Regarding urine drug testing, the MTUS notes in the Chronic Pain Section: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. There is no mention of suspicion of drug abuse, inappropriate compliance, poor compliance, drug diversion or the like. There is no mention of possible adulteration attempts. The patient appears to be taking the medicine as directed, with no indication otherwise. It is not clear what drove the need for this drug test. The request for Tox Screen is not medically necessary.

Roxicodone 30mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88.

Decision rationale: In regards to Opiates, Long term use, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate (Roxicodone) usage is not medically necessary per MTUS guideline review.

Soma 350mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 29.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). Pain section, under Carisoprodol/Soma

Decision rationale: Soma is not supported by evidence-based guides. The ODG note in the Pain section: "Not recommended. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. (AHFS, 2008) This medication is not indicated for long-term use. As long term use is not supported, the request for Soma is not medically necessary.