

Case Number:	CM14-0036136		
Date Assigned:	07/23/2014	Date of Injury:	05/11/2012
Decision Date:	09/08/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/24/2014

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 Emergency 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:

Injured worker with reported date of injury of 5/11/2012. No mechanism of injury was provided on records. Injured worker has a reported diagnoses of bilateral neurogenic thoracic outlet syndrome, mixed headache syndrome, chronic migraines-trauma related, C6-7 facet pain and T4 syndrome. There are contradictory reports concerning the full source of pains. Several reports specifically states that pain appears to be due to complex regional pain syndrome (CRPS) and others are concerned for neurogenic Thoracic Outlet Syndrome. Medical records reviewed. Last report available was 3/13/14. Injured worker has complains of neck pain with radiation to right pinkie finger, associated with major headaches. Pain worsens with turning head. Right axillary pain worsened while pumping a shampoo bottle. Objective exam reveals limited range of motion (ROM) of cervical spine especially lateral rotation. Right arm has decreased strength including grip. Right hand 5th digit reportedly bluish in color. Positive EAST and Adson's bilaterally. Injured worker had received Botox injection for headaches with temporary and little improvement in pain. A cervical epidural C6-7 block on 9/13 reportedly improved pain by 50% but worn off by 11/13. MRI of Thoracic Spine (11/5/13) reports normal MRI except hemangioma at T6. An MRI/MRA of the cervical spine was reportedly done sometime in 2/14 (no exact date was provided) which revealed normal cervical anatomy but signs of bilateral thoracic outlet syndrome (TOS) with narrowing of several anatomical spaces, compression of subclavian arteries during hyper-abduction which is consistent with neurogenic TOS. Injured worker is reportedly on Maxalt, hydrocodone, Midrin, Frova, trazodone, Topamax and Tizanidine. Injured worker is reportedly not able to continue home exercise or physical therapy due to pain. Independent Medical Review is for Rhizotomies C5-6 and C6-7 facets; Right side stellate ganglion block; Hydrocodone 5-500mg #120; Frova 2.5mg #120; Trazodone 50mg #75 and Tizanidine 4mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rhizotomies C5-6, C6-7 Facets: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Facet joint radiofrequency neurotomy.

Decision rationale: MTUS Chronic pain or ACOEM Guidelines do not adequately address this issue. As per Official Disability Guidelines (ODG), rhizotomy of facet joint radiofrequency neurotomy is under study with conflicting evidence. There is evidence of some improvement in pain for participation in more active therapy but long term benefit is not proven. ODG has some basic criteria that must be met before recommendation. The primary criterion needed is an actual diagnosis of facet joint pain with a facet joint diagnostic block. No diagnostic facet block was ever performed. Injured worker has had cervical epidural steroid injections and Botox injections with minimal improvement in pain. Rhizotomy is also used for cervicogenic headaches. As per ODG, it is not recommended. There is no long term improvement. Rhizotomy is not medically necessary.

Right side stellate ganglion block: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As per MTUS chronic pain guidelines, regional sympathetic blocks like stellate ganglion blocks have limited evidence to support their use. MTUS only recommends blocks for diagnosis and treatment of Complex Regional Pain Syndrome. While some treating physicians believe that this injured worker may have that diagnosis, most of the injured worker's pain is likely related to Thoracic Outlet Syndrome and not CPRS. While it may have some benefit to injured worker's sympathetic neurogenic TOS related pains, the use of a poorly studied procedure with no proper documentation by requesting provider concerning rationale and evidence based studies to support the need for procedure is not appropriate. Right side stellate ganglion block is not medically necessary.

Hydrocodone 5-500mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: The requested medication is listed as Hydrocodone 5-500 but it is likely Norco. Norco is acetaminophen and hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation does not meet the appropriate documentation or analgesia criteria. The number of tablets prescribed also does not meet monitoring requirements as per MTUS guidelines. Norco is not medically necessary.

Frova 2.5mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Triptans.

Decision rationale: Frova is frovatriptan, a triptan used for migraines. Triptans are recommended for injured workers with migraines. However, injured worker is already on another triptan, Maxalt. Despite a multitude of UR denials for Frova, the treating provider has continually failed to document reasoning as to why injured worker is on Frova and Maxalt. The use of 2 triptans with risk of side effects with no documentation as to reasoning means Frova is not medically necessary.

Trazodone 50 mg Quantity 75: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: Trazodone is an antidepressant. As per MTUS Chronic pain guidelines, antidepressants are recommended for neuropathic pain. Injured worker has neuropathic pains especially from the thoracic outlet syndrome, however the 1st line antidepressants recommended are tricyclic antidepressants and Trazodone is a 3rd or 4th line medication. There is no documentation of failure of 1st and 2nd line medications. There is no documentation of depression. Despite a multitude of UR denials for Trazodone, the treating provider has continually failed to document reasoning as to why injured worker is on Trazodone. Trazodone is not medically necessary.

Tizanidine 4 mg Quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/antispasmodics Page(s): 60.

Decision rationale: Zanaflex (Tizanidine) is an antispasmodic muscle relaxant. It is FDA approved for muscle spasms. As per MTUS guidelines, muscle relaxants should be used for short term use and for flare ups only. There is no documentation of any muscle spasms on history or exam. Injured worker appears to be chronically on Tizanidine with no documentation of any improvement in pains. The documentation does not support use of Tizanidine and the number of tablets does not support a plan for short term use. Tizanidine is not medically necessary.