MAXIMUS Federal Services

| Case Number: | CM14-0055431 | | |
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| Date Assigned: | 07/07/2014 | Date of Injury: | 11/23/2008 |
| Decision Date: | 08/29/2014 | UR Denial Date: | 04/23/2014 |
| Priority: | Standard | Application Received: | 04/24/2014 |

## 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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 54 year old employee with date of injury of 11/23/2008. Medical records indicate the patient is undergoing treatment for complex regional pain syndrome and a crush injury to the fingers. Subjective complaints include increased pain in cervical spine and right upper extremity associated with weakness of the right thumb index and middle fingers. His pain is 2-3/10 at rest and increasing to 3-4/10 with activities of daily living. After taking Anaprox and analgesics, his pain will decrease to 1-2/10. Objective findings include the right anterior shoulder tenderness; weak right thumb extensors; first dorsal interosseous and decreased sensation over the right thenar area and at the right mid palm. Treatment has consisted of Anaprox; Hydrocodone; Flurbiprofen cream and Stellate Ganglion Blocks. On 11/12/2013 and 2/21/2014, she had a right Stellate Ganglion Block. The utilization review determination was rendered on 4/23/2014 recommending non-certification of Stellate Ganglion Blocks, Quantity 3 and Flurbiprofen 25% cream.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Stellate Ganglion Blocks, Quantity 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 108.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, symaptheic and epidurals and Regional sympathetic blocks Page(s): pages 39-42;103.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) states Stellate ganglion block (SGB) (Cervicothoracic sympathetic block): There is limited evidence to support this procedure, with most studies reported being case studies... Proposed Indications: This block is proposed for the diagnosis and treatment of sympathetic pain involving the face, head, neck, and upper extremities. Pain: Complex regional pain syndrome (CRPS); Herpes Zoster and post-herpetic neuralgia; Frostbite. Circulatory insufficiency: Traumatic/embolic occlusion; Post-reimplantation; Postembolicvasospasm; Raynaud's disease; Vasculitis; Scleroderma....There appears to be a positive correlation between efficacy and how soon therapy is initiated (as studied in patients with CRPS of the hand). Duration of symptoms greater than 16 weeks before the initial SGB and/or a decrease in skin perfusion of 22% between the normal and affected hands adversely affected the efficacy of SGB therapy. The treating physician noted that the patient had significant pain relief with previous Ganglion blocks and the last injection on 2/20/14 providied relief but not as much as previous injections. While the treating physician meets the above guidelines, the request for 3 ganglion blocks is excessive. Documenation and monitoring of medical treatment successes or failures are required after each ganglion block per MTUS guidelines. As such the request for Stellate Ganglion Blocks, Quantity 3 is not medically necessary.

**Flurbiprofen 25% cream:** 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 Flurbiprofen Page(s): 72, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical analgesics.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) states regarding topical analgesics, Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Medical documents do not indicate that the patient has failed trials of antidepressants or anticonvulsants. Additionally, topical analgesics are considered particularly useful for individuals unable to tolerate oral administration, or for whom it is contraindicated. Medical documents do not indicate that the patient is unable to tolerate oral medication or possess contraindications. Finally, at this time, the only available Food and Drug Administration (FDA) approved topical non-steroidal anti-inflammatory drugs (NSAID) is Diclofenac. As such, the request for Flurbiprofen 20% cream is not medically necessary.