

Case Number:	CM14-0065996		
Date Assigned:	07/11/2014	Date of Injury:	01/12/2009
Decision Date:	09/03/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/09/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 54 year old female who is reported to have sustained work related injuries on 01/12/09. On this date, it is reported that a food cart full of hot food fell on top of her crushing and burning her left arm and hand. The records indicate a diagnosis of reflex sympathetic dystrophy of the left upper extremity. A reference in the clinical records notes pain levels of 8-9/10 on the visual analog scale regardless of pain medications. Treatment to date has included trigger point injections, acupuncture, stellate ganglion blocks with relief, and physical therapy. Per the records, the injured worker has completed 18 sessions of acupuncture to date. A review of these records report that there was a benefit with the initial 6 and she was subsequently approved for 12 additional sessions. However, there is no apparent change in her Oswestry scores. Per a clinical note dated 12/05/13, it is reported that there has been benefit from acupuncture; however, this is not adequately quantified. It is reported that she received a couple of hours of pain relief. The records reflect that the injured worker has been chronically maintained on oral medications. Per a utilization review determination dated 04/28/14, a request for Duragesic patches 25mcg every 3 days, quantity 10 was not medically necessary. A request for Ambien 5mg #30, Flexeril 10mg, acupuncture cervical, and transforaminal cervical epidural steroid injection at C5-6 were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic Patches 25 MCG Every Three DaysQuantity 10: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Pages 74-80 Page(s): 74-80.

Decision rationale: The request for Duragesic patches 25mcg every 3 days, quantity 10 is recommended as medically necessary. The submitted clinical records indicate that the injured worker has a diagnosis of reflex sympathetic dystrophy of the left upper extremity. She has significantly elevated levels of pain secondary to the sympathetic dysfunction. The use of Duragesic patches 25mcg to provide continuous pain relief is supported under the Chronic Pain Medical Treatment Guidelines for the treatment of this condition.

Ambien 5 MG At Bed Time As Needed Quantity 30: Upheld

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

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

Decision rationale: The request for Ambien 5mg at bedtime is not supported as medically necessary. The submitted clinical records indicate that the injured worker has reflex sympathetic dystrophy. While the records discuss that the injured worker has sleep disturbance secondary to pain, the chronic use of this medication is not supported under California MTUS and ODG. Per the Official Disability Guidelines, Ambien is to be utilized for a period of 2-3 weeks or until the normalization of sleep occurs with subsequent discontinuation. As such, the medical necessity for continued use is not established.

Flexeril 10 MG Two To Three Times A Day As Needed: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Pages 63-66 Page(s): 63-66.

Decision rationale: The request for Flexeril 10mg, 2-3 times per day as needed is not supported as medically necessary. The submitted clinical records indicate that the injured worker suffers from reflex sympathetic dystrophy of the left upper extremity. The records provide no data which establishes the presence of active myospasms for which this medication would be clinically indicated. Further, California MTUS does not support the extended use of muscle relaxants in the treatment of chronic pain. As such, medical necessity has not been established.

Acupuncture Cervical: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acupuncture, Page 9 Page(s): 9.

Decision rationale: The request for acupuncture cervical is not supported as medically necessary. The submitted clinical records indicate that the injured worker has both cervical pain and reflex sympathetic dystrophy. Per the submitted clinical records, the injured worker has undergone 18 total sessions of acupuncture with subjective reports of improvement. However, in review of the injured worker's acupuncture notes, there is no documented change in Oswestry pain scores. Further, the treating provider's clinical records do not adequately quantify the benefit. There is no indication of decreased medication use or improvements in functional scores to establish the efficacy for continued treatment.

Transforaminal Cervical Epidural Steroid Injection C5-C6: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections, Page 46 Page(s): 46.

Decision rationale: The request for a transforaminal cervical epidural steroid injection at C5-6 is recommended as medically necessary. The submitted clinical records indicate that the injured worker has previously undergone C5-6 epidural steroid injections with a significant reduction in pain over a period of greater than 6 weeks. Noting the documented efficacy, the request would be recommended as medically necessary in an effort to decrease the injured worker's cervical complaints.