MAXIMUS Federal Services

Case Number:	CM14-0090973		
Date Assigned:	07/25/2014	Date of Injury:	04/24/2002
Decision Date:	09/23/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/16/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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:

Patient is a 40-year-old male who has submitted a claim for right upper extremity complex regional pain syndrome with a spread to the face and in other distributions of the central nervous system, cervical sprain, metacarpal bone fracture, and crush injury of the hand associated with an industrial injury date of 4/24/2002.Medical records from 2011 to 2014 were reviewed. Patient complained of intermittent to occasionally severe pain at the right side of neck, right side of head, and trapezius. Pain was described as sharp, aching, burning spasm, shooting and deep surface electric stabbing. Pain radiated down the right upper extremity to the hand, associated with numbness and tingling sensation. He reported pain mainly behind the right eye. Patient had a recent exacerbation of pain related to stabbing incident to the right side of his head. Physical examination showed that his right arm was held in a sling. His third, fourth, and fifth fingers were taped. Scar was present at the right temporal-frontal aspect of head. Sensation was diminished at the right thumb. Range of motion of the 3rd to 5th digits of the right hand was restricted. Treatment to date has included right upper extremity sympathetic block on 6/17/2014, supraorbital block, infraorbital block, occipital block on 01/21/2014, trigger point injections, stellate ganglion block in 2003, and medications such as Dilaudid, Valium, gabapentin, AND medical marijuana (since 2013). Patient reported that he had excellent improvement with nerve blocks and it allowed him to decrease his overall use of pain medication. Utilization review from 5/15/2014 modified the request for Neurontin into quantity 68 because the documentation failed to demonstrate adequate reduction in pain with its use; modified the request for Dilaudid into quantity 34 because there was no sufficient quantifiable evidence of overall improvement in pain or function with the use; denied right supraorbital block because it was not guideline recommended as treatment for CRPS; denied right infraorbital block because of absence of significant clinical finding to support its need; and denied right greater occipital nerve block with

ketamine infusion because of insufficient evidence to support the use of ketamine for the treatment of CRPS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin (unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AEDs (anti-epilepsy drug).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs Page(s): 16-17.

Decision rationale: As stated on pages 16 - 17 of CA MTUS Chronic Pain Medical Treatment Guidelines, antidepressants, such as pregabalin and gabapentin, are recommended as a first line option for neuropathic pain, i.e., painful polyneuropathy. In this case, the patient has been on Neurontin since 2013. Patient's manifestation is consistent with neuropathic pain. However, there was no documentation concerning pain relief and functional improvement derived from its use. The request likewise failed to specify dosage and quantity to be dispensed. Therefore, the request for Neurontin is not medically necessary.

Dilaudid (unspecified quantity): Upheld

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

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

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Dilaudid since 2013. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. The request likewise failed to specify dosage and quantity to be dispensed. Therefore, the request for Dilaudid is not medically necessary.

(1) Right supraorbital 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 Epidural Steroid Injections Page(s): 39-41.

Decision rationale: As stated on pages 39 to 41 of CA MTUS Chronic Pain Medical Treatment Guidelines, sympathetic blocks are only indicated primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. It should be noted that sympathetic blocks are not specific for CRPS. Repeated blocks are only recommended if continued improvement is observed. In this case, patient has a known CRPS and underwent supraorbital block on 01/21/2014. Patient reported that he had excellent improvement with nerve blocks and it allowed him to decrease his overall use of pain medication. However, guidelines state that it is primarily recommended as a diagnostic procedure. Although there was noted significant improvement, the guideline clearly states that nerve block is not recommended as a solitary mode of treatment. There is no evidence of active participation in a rehabilitation program. Guideline criteria were not met. Therefore, the request for (1) Right supraorbital block is not medically necessary.

(1) Right infraorbital 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 Epidural Steroid Injections Page(s): 39-41.

Decision rationale: As stated on pages 39 to 41 of CA MTUS Chronic Pain Medical Treatment Guidelines, sympathetic blocks are only indicated primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. It should be noted that sympathetic blocks are not specific for CRPS. Repeated blocks are only recommended if continued improvement is observed. In this case, patient has a known CRPS and underwent infraorbital block on 01/21/2014. Patient reported that he had excellent improvement with nerve blocks and it allowed him to decrease his overall use of pain medication. However, guidelines state that it is primarily recommended as a diagnostic procedure. Although there was noted significant improvement, the guideline clearly states that nerve block is not recommended as a solitary mode of treatment. There is no evidence of active participation in a rehabilitation program. Guideline criteria were not met. Therefore, the request for (1) Right infraorbital block is not medically necessary.

(1) Right greater occipital nerve block with Ketamine infusion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Neck Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketamine is not recommended. There are no quality studies that support the use of ketamine for chronic pain, but it is under study for CRPS. ODG states that greater occipital nerve injection is under study for treatment of occipital neuralgia and cervicogenic headaches and there is little evidence that the block provides sustained relief. In addition, the mechanism of action is not understood, nor is there a gold-standard methodology for injection delivery. In this case, patient has a known CRPS and underwent occipital block on 01/21/2014. Patient reported that he had excellent improvement with nerve blocks and it allowed him to decrease his overall use of pain medication. However, guidelines state that the procedure in general is not recommended. There is likewise no discussion why ketamine infusion is requested despite it not being recommended by the guidelines. The medical necessity cannot be established due to insufficient information. Therefore, the request for (1) Right greater occipital nerve block with Ketamine infusion is not medically necessary.