

<b>Case Number:</b>	CM14-0098010		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	05/14/1999
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Anesthesia, has a subspecialty in Acupuncture and Pain 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:

This case involves a 42 year old female injured worker with date of injury 5/14/99 with related headaches, and burning pain on the right side of the face and jaw to the neck. Per progress report dated 5/7/14, she was status post approximately four surgical procedures to the right upper extremity for which she reportedly developed complex regional pain syndrome. She was given steroids, which had helped. No objective findings were provided. Imaging studies were not available for review. The injured worker has been treated with surgery and medication management. The decision date of the utilization review was 5/29/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 series of 3 stellate ganglion blocks:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Stellate Ganglion Block Page(s): 108. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Sympathetic Blocks (Therapeutic).

**Decision rationale:** With regard to stellate ganglion block, MTUS CPMTG states "Recommendations are generally limited to diagnosis and therapy for complex regional pain

syndrome (CRPS)." The medical records submitted for review do indicate that the injured worker has been diagnosed with CRPS into the face. The request is medically necessary.

**1 prescription of Morphine Sulfate ER 50mg #60: 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): 78-93.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines page 78 regarding on-going management of opioids, "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the 4A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking 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." Review of the available medical records reveal neither documentation to support the medical necessity of Morphine Sulfate ER nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Additionally, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, urine drug screening (UDS), opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As such, this request is not medically necessary.

**1 prescription of Morphine Sulfate IR 30mg #200: 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): 78-93.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines page 78 regarding on-going management of opioids, "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking 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." Review of the available medical records reveal neither documentation to support the medical necessity of Morphine Sulfate IR nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Additionally, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, urine drug screening (UDS), opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As such, this request is not medically necessary.

### **1 prescription of Nucynta 75mg #60: Upheld**

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

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

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines page 78 regarding on-going management of opioids, "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking 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." The MTUS is silent on the use of Nucynta specifically. With regard to Tapentadol (Nucynta), the Official Disability Guidelines (ODG) states: "Recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. These recent large RCTs concluded that Tapentadol was efficacious and provided efficacy that was similar to oxycodone for the management of chronic osteoarthritis knee and low back pain, with a superior gastrointestinal tolerability profile and fewer treatment discontinuations." Review of the available medical records reveal neither documentation to support the medical necessity of Nucynta nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Additionally, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, urine drug screening (UDS), opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As such, this request is not medically necessary.

**1 ketamine infusions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain.

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

**Decision rationale:** The MTUS states that Ketamine may offer a promising therapeutic option in the treatment of appropriately selected patients with chronic intractable complex regional pain syndrome (CRPS). Per office visit note dated 6/23/14, the injured worker was refractory to first line treatments for her pain, and has been denied Ketamine infusions although they do work for her. There was documentation of efficacy; therefore, the request is medically necessary.