

Case Number:	CM14-0107412		
Date Assigned:	08/01/2014	Date of Injury:	12/09/2006
Decision Date:	01/28/2015	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/10/2014

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 Georgia. 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 patient is a 24-year-old female presenting with a work-related injury on December 9, 2006. On June 19, 2014 the patient complained of constant, chronic, right upper extremity pain for a period of many years. The physical exam was significant for complex regional pain syndrome of the right upper extremity; additional findings included 4/5 strength in the right upper extremity and extensors with numbness in the right hand and fingers. The patient was diagnosed with chronic pain reflex sympathetic dystrophy of the right upper extremity. The patient's treatment to date included stellate ganglion block, physical therapy, occupational therapy, and medications. The patient reported that the prior right stellate ganglion block provided decrease frequency and duration of pain with decreased stiffness and improved range of motion of the arm. A claim was placed for a repeat stellate ganglion block right side, Morphine, Naproxen and Pain Pharmacist.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right stellate ganglion block under Fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cervicothoracic sympathetic block. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), CRPS sympathetic blocks (therapeutic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines IV Regional Sympathetic Block. Page(s): 103-104.

Decision rationale: One (1) right stellate ganglion block under fluoroscopy is not medically necessary. Page 103 of the chronic pain medical treatment guidelines states that stellate ganglion blocks are indicated for the diagnosis and treatment of sympathetic pain involving the face, head, neck and upper extremities; specifically pain associated with complex regional pain syndrome, herpes zoster and postherpetic neuralgia as well as frostbite and circulatory insufficiency. The enrollee does have physical findings consistent with complex regional pain; however per CA MTUS IV regional sympathetic blocks are recommended in conjunction with a rehabilitation program. There is no documentation or plan of rehabilitation program. Additionally, there is lack of documentation that the previous stellate ganglion block provided at least 50% reduction in pain; therefore the requested procedure is not medically necessary.

Morphine (continue as prescribed - unspecified dosage and quantity): 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): 79.

Decision rationale: Morphine (continue as prescribed - unspecified dosage and quantity) is not medically necessary page 79 of the MTUS. Guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore, the requested medication is not medically necessary.

Naproxen (continue as prescribed - unspecified dosage and quantity): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Page(s): 67.

Decision rationale: Naproxen (continued as prescribed - unspecified dosage and quantity) is not medically necessary. Per MTUS guidelines page 67, NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain so to prevent or lower the risk of complications associate with cardiovascular disease and gastrointestinal distress. The medical records do no document the length of time the claimant has been on Naproxen. Additionally, the claimant had previous use of NSAIDs. The medication is therefore not medically necessary.

Referral to Pain Pharmacist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, pg. 56

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Chapter, page(s) 92 than 127

Decision rationale: Referral to a Pain Pharmacist is not medically necessary. Per CA MTUS ACOEM guidelines page 92 "referral may be appropriate if the practitioner is uncomfortable with the line of care, was treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to treatment plan..." Page 127 of the same guidelines states, "the occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment may also be useful in avoiding potential conflicts of interest when analyzing causation. (1) prognosis, degree of impairment or work capacity requires clarification. A referral may be for: (1) consultation: To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee for patient. (2) Independent medical examination (IME): To provide medical legal documentation of fact, analysis, and well-reasoned opinion, sometimes including analysis of causality. The claimant's last visit did not indicate any of the above guidelines; therefore, the requested service is not medically necessary.