

Case Number:	CM14-0195212		
Date Assigned:	12/02/2014	Date of Injury:	11/11/2009
Decision Date:	01/15/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/21/2014

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, has a subspecialty in Interventional Spine 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:

The patient is a 40 year old female with an injury date of 11/11/09. Based on the 08/26/14 progress report, the patient complains of discomfort affecting the right upper extremity. "She does report overall her right elbow and forearm area is better... She has persistent symptoms stating that pain is 'in my bone' in her hand deep to the elbow and she has discomfort in the distal biceps area as well as the right shoulder." The 10/02/14 report states that the patient has cervical spine pain which radiates toward the right upper extremity and right shoulder. She has paresthetic sensations and aching pain "deep in the bone" in the antecubital area. She has aching pain affecting the right thumb, right elbow, and right shoulder. The 10/23/14 report indicates that the patient has right arm pain which she rates as a 9/10. There is pain on palpation of the soft tissues of the right upper extremity. There is pain on palpation of the right shoulder and rotator cuff which includes the general area of the deltoid muscle. Pain increases with palpation of the subacromial space. There is tenderness on palpation of the soft tissues of the right forearm. The right hand has pain on palpation of the proximal carpal row which increased with extremes of flexion and extension. The patient's diagnoses include the following: 1) cervical disc degeneration and neck pain.2) RUE (right upper extremity): shoulder pain/rotator cuff tendinitis. Lateral epicondylitis. Possible CRPS (complex regional pain syndrome)3) left elbow pain with lateral epicondyle pain; minimal symptoms at this time4) right radial neuropathy; surgery 11/14/13. The utilization review determination being challenged is dated 11/14/14. Treatment reports were provided from 05/09/14- 10/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 88-89, 78.

Decision rationale: According to the 10/23/14 report, the patient presents with pain in her cervical spine, right upper extremity, right shoulder, and right arm. The request is for Norco 5/325mg, #60. The report with the request was not provided and none of the reports discuss how Norco has specifically impacted the patient's pain and function. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs (activities of daily living) adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The 10/23/14 report indicates that the patient has right arm pain which "increased to about a 9 to 10 out of 10 throughout the right arm. This limits her ability to perform ADL's including food preparation, caring for her children, laundry and other activities." Although there were pain scales and ADLs mentioned, there are no discussion provided as to what the use of opiate has done for analgesia and ADL's. Other "A's" are not address well either as there were no discussions provided on adverse behavior/side effects; no opiate management issues discussed such CURES reports, pain contracts, etc. No outcome measures are provided either as required by MTUS. In addition, urine drug screen to monitor for medicine compliance are not addressed. The treating physician has failed to provide the minimum requirements of documentation that are outlined in the MTUS for continued opioid use. The requested Norco is not medically necessary.

Consultation and treatment for right stellate ganglion block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127,Chronic Pain Treatment Guidelines CRPS, treatment. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines) Pain (Chronic), Topic: Regional sympathetic blocks

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks, Regional sympathetic blocks (stellate ganglion block, tho. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127 ganglion block

Decision rationale: According to the 10/23/14 report, the patient presents with pain in her cervical spine, right upper extremity, right shoulder, and right arm. The request is for a Consultation and treatment for right stellate ganglion block. The report with the request was not provided. The rationale is that "consultation would be appropriate for further evaluation of the

patient's symptomatology. Recommend modification for consultation only." ACOEM, page 127, states "The occupational health practitioner may refer to other specialists if a diagnosis is not certain or extremely complex, when psychosocial factors are present, and when the plan or course of care may benefit from additional expertise." MTUS page 8 also require that the treater provide monitoring of the patient's progress and make appropriate recommendations. MTUS, page 39-40 states: "CRPS, sympathetic and epidural blocks: Recommended only as indicated below, for a limited role, primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. Repeated blocks are only recommended if continued improvement is observed. Systematic reviews reveal a paucity of published evidence supporting the use of local anesthetic sympathetic blocks for the treatment of CRPS and usefulness remains controversial. Less than 1/3 of patients with CRPS are likely to respond to sympathetic blockade. No controlled trials have shown any significant benefit from sympathetic blockade." "Predictors of poor response: Long duration of symptoms prior to intervention; Elevated anxiety levels; Poor coping skills; Litigation." MTUS p103-104 also states: "Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) Recommendations are generally limited to diagnosis and therapy for CRPS. Stellate ganglion blocks (SGB) (Cervicothoracic sympathetic block): There is limited evidence to support this procedure, with most studies reported being case studies." In this case, the treater is requesting for both a consultation and treatment for the right stellate ganglion block. The 10/23/14 report diagnoses her with "RUE: shoulder pain/rotator cuff tendinitis. Lateral epicondylitis, possible CRPS." Therefore, it is not certain if the patient has CRPS. Consultation would be recommended; however, the treatment for the right stellate ganglion block is not. Since both requests cannot be authorized, the requested consultation and treatment for right stellate ganglion block is not medically necessary.