

Case Number:	CM14-0208891		
Date Assigned:	12/22/2014	Date of Injury:	01/04/2013
Decision Date:	02/24/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 52 year-old female with a date of injury of January 4, 2013. The patient's industrially related diagnoses include chronic pain syndrome, right wrist arthritis, complex regional pain syndrome in bilateral upper extremities, insomnia, and frozen shoulder syndrome, left shoulder. Current treatment to date includes chiropractic care, physical therapy and medications. The injured worker had an EMG/NCV of the upper extremities along with an MRI of the cervical spine but these reports were referenced but not available for reviewed. The disputed issues are Clonidine 0.1mg #60 x 1 refill and bilateral stellate ganglion block. A utilization review determination on 11/18/2014 had non-certified these requests. The stated rationale for the denial of clonidine was: "In this case, there was no clear detail provided as to why the clonidine is being requested and how this will be helpful in the overall treatment plan. There was no mention anywhere of the patient having any particular problems with high blood pressure to support the need for this type of medication treatment. Therefore, this medication is not medically necessary." The stated rationale for the denial of bilateral stellate ganglion block was: "In this case, there was no clear detail provided as to why this particular block is being requested at this time and how this will be helpful in the overall treatment plan and whether this is being requested for diagnostic or therapeutic purposes. There was also no clear detail provided as to what specific objective findings are present on physical examination to support the need for this type of block treatment. Therefore, this request is not medically necessary."

IMR ISSUES, DECISIONS AND RATIONALES

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

Clonidine 0.1mg #60 x 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 34. Decision based on Non-MTUS Citation 1. Physician Desk Reference: Clonidine 2. Pharmacotherapy: Adjunctive Agents in the Management of Chronic Pain http://www.medscape.com/viewarticle/409782_5

Decision rationale: Regarding the request for clonidine, Chronic Pain Medical Treatment Guidelines state that clonidine is a "direct acting adrenergic agonist prescribed historically as an antihypertensive agent, but it has found new uses including treatment of some types of neuropathic pain." The medication is FDA approved with an orphan drug intrathecal indication for cancer pain only. However, according to the physician desk reference (PDR), the oral form is FDA approved for hypertension only. Some data exist regarding oral and topical administrations in patients with diabetic neuropathy, post-herpetic neuralgia, and aquadynia. In the submitted documentation available for review, there was no documentation as to why this medication was being prescribed. There was no indication that the injured worker was diagnosed with hypertension as a result of her industrial injury, and her BP on 10/9/2014 was noted to be 95/68. Furthermore, there was insufficient documentation that the injured worker failed recommended pain medication, and the treating physician did not provide a rationale as to why clonidine would be more efficacious than other recommended treatments. Based on the lack of documentation, medical necessity for clonidine 0.1 mg #60 with one refill cannot be established; therefore, the request is not medically necessary.

Bilateral stellate ganglion block: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 103-104. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, CRPS, sympathetic blocks (therapeutic)

Decision rationale: Regarding the request for bilateral stellate ganglion injections, Chronic Pain Medical Treatment Guidelines state that stellate ganglion blocks are generally limited to diagnosis and therapy for CRPS. ODG state that there should be evidence that all other diagnoses have been ruled out before consideration of use, as well as evidence that the Budapest criteria have been evaluated for and fulfilled. The guidelines go on to state that if a sympathetic block is utilized for diagnosis, there should be evidence that the block fulfills criteria for success including increased skin temperature after injection without evidence of thermal or tactile sensory block. Documentation of motor and/or sensory block should also occur. For therapeutic injections, guidelines state that they are only recommended in cases that have positive response

to diagnostic blocks and diagnostic criteria are fulfilled. In the submitted documentation available for review, although the injured worker was given the diagnosis of complex regional pain syndrome of the right and left upper extremities, there was no indication that the Budapest criteria had been evaluated for and fulfilled as stated in the guidelines. In the absence of such documentation, the currently requested bilateral stellate ganglion injections are not medically necessary.