

Case Number:	CM15-0133249		
Date Assigned:	07/21/2015	Date of Injury:	06/16/2008
Decision Date:	08/18/2015	UR Denial Date:	06/13/2015
Priority:	Standard	Application Received:	07/09/2015

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: Preventive Medicine, Occupational Medicine

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 50-year-old female who sustained an industrial injury on 6/16/2008 resulting in severe pain, swelling, numbness, tingling, and abrasion on her left wrist, with pain radiating into the left shoulder, left side of her neck and head. She was diagnosed with distal radial fracture with compartment syndrome to the left forearm; and, subsequently, reflex sympathetic dystrophy; severe left median sensory neuropathy; moderated left ulnar sensory neuropathy; and status post open reduction; internal fixation of the left distal radius fracture with posttraumatic arthritis to the left wrist; and, residual left wrist arthrofibrosis. Treatment has included surgery; physical therapy; occupational therapy; splinting; and, medication which she reported as helping her tolerate pain. The injured worker continues to present with left wrist pain and swelling, and reports intermittent wrist freezing, finger locking, and dropping of objects. The treating physician's plan of care includes a stellate ganglion block under ultrasound guidance. As of 4/27/2015 progress report, she was off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stellate ganglion block under ultrasound guidance QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain (chronic): CRPS, sympathetic blocks.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, Sympathetic and Epidural Blocks Page(s): 39. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/CRPS, Sympathetic Blocks (therapeutic) Section.

Decision rationale: Per MTUS guidelines, local anesthetic Stellate Ganglion Block or Lumbar Sympathetic Block consistently gives 90 to 100 percent relief each time a technically good block is performed (with measured rise in temperature). The procedure may be considered for individuals who have limited duration of relief from blocks. Permanent neurological complications are common. Per the ODG, in the therapeutic phase repeat blocks should only be undertaken if there is evidence of increased range of motion, pain and medication use reduction, and increased tolerance of activity and touch (decreased allodynia) is documented to permit participation in physical therapy/ occupational therapy. Sympathetic blocks are not a stand-alone treatment. In this case, the injured worker has received multiple previous blocks without objective documentation of significant pain decrease or significant increase in range of motion and overall function, therefore, the request for stellate ganglion block under ultrasound guidance QTY: 1 is not medically necessary.

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Norco for an extended period without objective documentation of functional improvement or significant decrease in pain. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325mg #90 is not medically necessary.