

Case Number:	CM15-0145573		
Date Assigned:	08/06/2015	Date of Injury:	10/24/2013
Decision Date:	09/09/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/27/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 64 year old female, who sustained an industrial injury on October 24, 2013, incurring right foot injuries. She was diagnosed with sinus tarsal syndrome and a fracture in the mid foot area. Treatment included activity restrictions, boot for support, pain medications, anti-inflammatory drugs, sleep aides, physical therapy, home exercise program and nerve blocks. Currently, the injured worker complained of persistent residual pains in the right leg and right foot. She noted low back pain radiating down into the hips, and lower right extremity. She complained of difficulty lifting, getting up out of a chair, walking and standing. The injured worker was noted to have reduced range of motion in the lumbar area. The treatment plan that was requested for authorization included unknown laboratory blood levels, two right lumbar sympathetic blocks and a prescription for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown lab blood levels: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Routine suggested monitoring. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) - NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: The patient presents with right foot pain following right foot surgery on 5/29/15 as well as lower back pain and right leg radiating pain. The current request is for unknown lab blood levels. The treating physician report dated 6/15/15 (290b) states, Have blood level checked, Specific Analgesic Plan blood level of pain meds and Continue present regimen. The Norco continues to be effective in helping her pain. Patient will have her blood level checked. The MTUS guidelines allow for urine drug screening for patients initiating opioid treatment. While the treating physician appears to indicate in his report that he is requesting a UDS there is no clear delineation as he states, Have blood level checked. In this case, the request for unknown lab blood levels is not medically necessary.

2 right lumbar sympathetic block: 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) - Lumbar sympathetic block.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks Page(s): 103.

Decision rationale: The patient presents with right foot pain following right foot surgery on 5/29/15 as well as lower back pain and right leg radiating pain. The patient has been diagnosed with RSD of the right lower leg. The current request is for 2 right lumbar sympathetic blocks. The treating physician report dated 6/15/15 (290b) states; her back pain has been increasing and wants to have a nerve block to help minimize the pain. MTUS pg 103-104 states: Regional sympathetic blocks (Stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) Recommendations are generally limited to diagnosis and therapy for CRPS. See CRPS; sympathetic and epidural blocks for specific recommendations for treatment. "Lumbar Sympathetic Blocks: There is limited evidence to support this procedure, with most studies reported being case studies." In this case, the treating physician has requested 2 lumbar sympathetic blocks which have very limited recommendation for patients diagnosed with CRPS and is not recommended for lower back pain. A request for two blocks without a trial of first block showing significant functional improvement is not supported by MTUS. The current request is not medically necessary.

Norco 10/325mg (unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with right foot pain following right foot surgery on 5/29/15 as well as lower back pain and right leg radiating pain. The current request is for Norco 10/325mg (unspecified quantity). The treating physician states; Continue Norco 10/325 1 TID, The treating physician provides documentation indicating that the patient has moderate functional improvement in ADLs, adequate pain relief, no side effects and no aberrant behaviors are noted. For chronic opiate use, the 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, adverse side effects, and aberrant 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. In this case, the treating physician report indicates that the patient would require a monthly quantity of #90 Norco, the RFA and the IMR presented today does not support a specific quantity. MTUS does not support an open ended request such as this. The current request is not medically necessary.