

Case Number:	CM15-0197901		
Date Assigned:	10/13/2015	Date of Injury:	05/06/2014
Decision Date:	11/20/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/08/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 58 year old female, who sustained an industrial-work injury on 5-6-14. She reported initial complaints of right foot pain. The injured worker was diagnosed as having pain in joint and lower leg and CRPS (Complex Regional Pain syndrome). Treatment to date has included medication, physical therapy, diagnostics, and acupuncture. Currently, the injured worker complains of severe burning pain in the right lower extremity associated with tingling and swelling along with depression. Pain level is 10 out of 10 and with Cymbalta it is 7-8 out of 10. Resting and elevation help relieve the pain. A recent fall resulted in twisting her right knee and injuring her shoulder. She has hypertension and diabetes. Medications are Lisinopril, Amlodipine, Glipizide, Atenolol, Metformin, Hydrochlorothiazide, Ibuprofen, Tramadol, and Omeprazole. Per the primary physician's progress report (PR-2) on 8-27-15, exam noted swelling in the dorsal aspect of the foot, cold to palpation, tenderness over the foot, dorsiflexion causes pain, allodynia, and positive thermal test. There is diffuse pain around the right shoulder rotator cuff tendons and pain under the acromium. Testing is positive for Empty can, Neer's, and Hawkin's and Clunk sign. A cane is used for ambulation. Current plan of care includes a ganglion block. The Request for Authorization requested service to include Stellate ganglion block, Pain management referral, Cymbalta 60mg, (unknown quantity). The Utilization Review on 9-10-15 denied the request for Stellate ganglion block, Pain management referral, Cymbalta 60mg, (unknown quantity), per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009; ODG (Official Disability Guidelines).

IMR ISSUES, DECISIONS AND RATIONALES

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

Stellate ganglion block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Complex Regional Pain Syndrome (CRPS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block).

Decision rationale: According to the guidelines, ganglion blocks are not recommended due to lack of evidence. Regional blocks in general are reserved for CRPS. In this case, the claimant was diagnosed with CRPS. However prior studies and guidelines indicate only some benefit in a case by case basis. The detail of the block and justification were not provided. The stellate ganglion block is not medically necessary.

Pain management referral: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations; Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter, pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees-fitness for return to work. In this case, the claimant has chronic regional pain syndrome with inadequate control of symptoms. The claimant is being treated by a primary osteopathic physician. The claimant is only on NSAIDS, opioids and Cymbalta for symptoms. The pain is 9/10. The physician admits that the claimant's diagnoses may be better managed by an expert in CRPS. As a result, the request for a pain specialist is medically necessary and appropriate.

Cymbalta 60mg, (unknown quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental chapter and pg 16.

Decision rationale: Cymbalta is an SNRI antidepressant. Antidepressants are an option, but there are no specific medications that have been proven in high quality studies to be efficacious for treatment of lumbosacral radiculopathy. SSRIs have not been shown to be effective for low back pain (there was not a significant difference between SSRIs and placebo) and SNRIs have not been evaluated for this condition. It is also not indicated for CRPS. There is mention of the claimant having adjustment disorder and depression but response to medication is not provided. The claimant was previously on tricyclics which have more evidence to manage both pain and depression. Behavioral interventions are not noted. The pain remains at 9/10. The claimant had been on Cymbalta for several months. The continued use is not medically necessary.