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| Case Number: | CM15-0200321 | | |
| Date Assigned: | 10/20/2015 | Date of Injury: | 10/28/2013 |
| Decision Date: | 12/01/2015 | UR Denial Date: | 10/01/2015 |
| Priority: | Standard | Application Received: | 10/13/2015 |

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 29 year old male with a date of injury on 10-28-13. A review of the medical records indicates that the injured worker is undergoing treatment for deep laceration of left thumb. Progress report dated 7-10-15 reports ongoing neuropathic symptoms of the left hand and thumb. The pain level is 10 out of 10 and is reduced by 40 percent with medications. He will soon have left thumb amputation of the distal phalanx. Objective findings: left thumb - wearing a splint in extension, multiple healed surgical scars, obvious atrophy, no active flexion, nail thickened, no hair growth on thumb. Pain management agreement signed and random urine drug testing performed to monitor compliance. Request for authorization was made for Stellate sympathetic ganglion block injections times 3, Lunesta 1 mg quantity 60, Re-evaluation every 90 days, Oxycodone 30 mg quantity 45, Oxycontin 20 mg quantity 90, Lyrica 100 mg quantity 90, Compazine 10 mg quantity 75 and Clonidine patch quantity 4. Utilization review dated 10-1-15 non-certified the requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stellate sympathetic ganglion block injections x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) CRPS, sympathetic blocks (therapeutic).

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. Per ODG, Stellate Ganglion Blocks are: Recommended for limited, select cases, primarily for diagnosis of sympathetically mediated pain and therapeutically as an adjunct to facilitate physical therapy/ functional restoration. When used for therapeutic purposes the procedure is not considered a stand-alone treatment. The role of sympathetic blocks for treatment of CRPS is largely empirical (with a general lack of evidence-based research for support) but can be clinically important in individual cases in which the procedure ameliorates pain and improves function, allowing for a less painful window of opportunity for rehabilitation techniques. Use of sympathetic blocks should be balanced against the side effect ratio and evidence of limited response to treatment. The medical records fail to indicate that this patient has adequately been established in a functional restoration program. The patient is taking multiple opiates with other medications for his chronic pain disorder. Stand alone use of a sympathetic block is not recommended. Therefore, based on the submitted medical documentation, the request for Clonidine patch is not medically necessary.

Lunesta 1mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Zolpidem & Eszopiclone.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of this medication. Per the Official Disability Guidelines (ODG), Lunesta is not recommended for long-term use. The clinical records submitted do support the fact that this patient has a remote history of insomnia. However, the records do not support the long term use of this medication for that indication. Specifically, the patient's most recent clinical encounters do not document signs or symptoms of current insomnia. Therefore, based on the submitted medical documentation, the request for Lunesta is not medically necessary.

Re-evaluation every 90 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Follow-up.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of a follow-up visits every 90 days for this patient. The California MTUS guidelines state: Frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. These visits allow the physician and patient to reassess all aspects of the stress model (symptoms, demands, coping mechanisms, and other resources) and to reinforce the patient's supports and positive coping mechanisms. Additionally, Follow-up by a physician can occur when a change in duty status is anticipated (modified, increased, or full duty) or at least once a week if the patient is missing work. This patient has chronic back pain that has been evaluated by multiple physicians. The patient has not been documented to have drug-seeking behavior and has been indicated to have pain which is controlled with medications. Therefore, based on the submitted medical documentation, the request for 90 day reevaluations is not medically necessary.

Oxycodone 30mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this medication for this patient. The clinical records submitted do not support the fact that this patient has a dose, which does not exceed 120 mg oral morphine equivalents per day. In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. MTUS guidelines also recommends that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The dose of opioids prescribed this patient far exceeds that of 120mg oral morphine equivalents per day. Therefore, based on the submitted medical documentation, the request for Oxycodone 30mg is not medically necessary.

Oxycontin 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, criteria for use.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this medication for this patient. The clinical records submitted do not support the fact that this patient has a dose, which does not exceed 120 mg oral morphine equivalents per day. In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. MTUS guidelines also recommends that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The dose of opioids prescribed this patient far exceeds that of 120mg oral morphine equivalents per day. Therefore, based on the submitted medical documentation, the request for Oxycodone is not medically necessary.

Lyrica 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Pregabalin (Lyrica).

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

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. California Medical Treatment Guidelines indicate that Lyrica has been documented to be effective in the treatment of diabetic neuropathy and postherpetic neuralgia, and has FDA approval for both indications. It has also been approved for the treatment for fibromyalgia. Per the documentation submitted for review, there is no clear indication that the patient has current neuropathic pain or fibromyalgia for which Lyrica would be indicated. Therefore, based on the submitted medical documentation, the request for Lyrica is not medically necessary.

Compazine 10mg #75: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Prescribing Guidelines, Label Indications, Compazine http://www.accessdata.fda.gov/drugsatfda_docs/label/2005/010571s096lbl.pdf.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. The California MTUS guidelines, the ACOEM Guidelines and the Official Disability Guidelines (ODG) do not address this topic. According to its FDA prescribing recommendations, compazine is generically known as prochlorperazine. It is an antipsychotic medication in a group of drugs called phenothiazines. The indications include, but are not limited to treatment of psychotic disorders, anxiety and to control severe nausea and vomiting. The medical records fail to support the fact that this patient has a psychotic disorder or severe, uncontrolled nausea. Use is recommended short term due to its potential for dystonia. Therefore, based on the submitted medical documentation, the request for compazine is not medically necessary.

Clonidine patch #4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, differentiation: dependence & addiction, Opioids, steps to avoid misuse/addiction.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. This patient presents with chronic low back pain and right lower extremity pain. The current request is for clonidine patches #4. The ODG Guidelines under the pain chapter for Weaning, opioids (specific guidelines), states "Clonidine can relieve many opiate-withdrawal symptoms (and off-label treatment) as long as there are no contradictions to use. Dose is generally 0.1-0.2 t.i.d., 2 q.i.d. as long as blood pressure is over 90 mmHg systolic and there is no sedation or bradycardia. Clonidine is often is maintained for 2 to 3 days after cessation of opioids and tapered over 5-10 days." The medical records indicate the patient was started on clonidine patch 0.1 mg to "help treat withdrawal symptoms that he is having because of decrease in his medication dosage." ODG states that clonidine is often maintained for 2 to 3 days after cessation of opioids and tapered over 5 to 10 days. The patient has been concurrently taking clonidine with oxycodone 20 and 30mg tablets. There is no clear indication the patient has tapered opioid usage. Therefore, based on the submitted medical documentation, the request for Clonidine patch is not medically necessary.