

Case Number:	CM15-0029863		
Date Assigned:	02/23/2015	Date of Injury:	04/04/2003
Decision Date:	04/07/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/17/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 34 year old male, who sustained an industrial injury on 4/4/03. The injured worker has complaints of Reflex Sympathetic Dystrophy (RSD) to the left arm. The diagnoses have included reflex sympathetic dystrophy of the upper limb and adjustment disorder with mixed anxiety and depressed mood. The documentation noted that the injured worker has received regional block in the past with good relief. According to the utilization review performed on 1/27/15, the requested Oxycontin 20mg #100 and 1 has been modified to Oxycontin 20mg #52 and the requested 1 intravenous regional sympathetic block has been non-certified. California Chronic Pain Medical Treatment Guidelines were used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing opioid use; Opioid hyperalgesia.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a frameworkThe patient has been treated with multiple opioid medications since at least March 2011. There is no documentation of functional and pain improvement with previous use of Oxycontin. There is no documentation of continuous compliance of patient with his medications. Therefore, the prescription of OxyContin 20mg #100 is not medically necessary.

1 intravenous regional sympathetic block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bier's block. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain (Chronic), CRPS, sympathetic blocks (therapeutic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Intravenous regional sympathetic blocks (for RSD/CRPS) <http://www.odg-twc.com/index.html>.

Decision rationale: According to ODG guidelines, Intravenous regional sympathetic blocks (for RSD/CRPS) "Not recommended due to lack of evidence for use. There is no role for IV diagnostic blocks with phentolamine or IVRA with guanethidine. Other procedures include IV regional blocks with lidocaine, lidocaine-methyl-prednisolone, droperidol, ketanserin, atropine, bretylium, clonidine, and reserpine. If used, there must be evidence that the Budapest criteria have been met and all other diagnoses have been ruled out. Evidence of sympathetically mediated pain should be provided. The reason for the necessity of this procedure over-and-above a standard sympathetic block should also be provided. (Perez, 2010) (Harden, 2013) (Tran, 2010) See also CRPS, sympathetic blocks (therapeutic)."The patient developed arm RSD. Based on the

above, Intravenous regional sympathetic blocks because of lack of studies supporting its efficacy for the patient condition.