

<b>Case Number:</b>	CM15-0217255		
<b>Date Assigned:</b>	11/09/2015	<b>Date of Injury:</b>	11/30/2012
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	10/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2015

### 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: Emergency 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 60 year old female who sustained an industrial injury on 11-30-12. A review of the medical records indicates that the worker is undergoing treatment for status post fall with left ankle fracture 12-2-12, status post boot placement for around 3 months with marked improvement, status post pain management, complex regional pain syndrome lower extremity - poorly controlled, and left elbow injury with improvement. Subjective complaints (10-5-15 ) include elbow pain (rated 1 out of 10) with radiation to the small, ring, long and index fingers and ankle pain (rated 1 out of 10) with swelling and numbness, and tingling. Substantial benefit is noted with medication use with approximately 40% improvement in pain. Attempts to wean the medications resulted in increased pain, suffering and decreased functional capacity. It is reported she has nociceptive, neuropathic and anti-inflammatory pain. A urine drug screen on 2-13-15 was within normal limits. Objective exam (10-5-15) includes findings for severe complex regional pain syndrome on examination of the left leg, foot and ankle with soft tissue swelling, allodynia, redness, purpling, and is hyper reactive to pain on exam. The worker uses a crutch for ambulation and has asymmetric exam findings which continue to be "severe." The worker is noted as 100 percent disabled. The treatment plan includes Butrans patch, Fetzima, Horizant, Lidoderm patch, and ganglion blocks. Previous treatment includes physical therapy (reported increased pain and decreased function), Butrans patch (since 9-7-15), Fetzima, Horizant, and Lidoderm patch. Requests for authorization are dated 10-5-15. The requested treatment of Butrans Patch 5mcg-hour was non-certified and ganglion blocks were modified to certify ganglion block x1 on 10-20-15.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Butrans patch 5mcg/hr:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Buprenorphine.

**Decision rationale:** Butrans is buprenorphine, an agonist-antagonist opioid. As per MTUS Chronic pain guidelines, it is often used to prevent opiate withdrawal but is also used for the management of chronic pain. It has a lower abuse potential compared to other opioids. This is an incomplete request. There is no noted total number of patches or total refills in this request. Independent medical review cannot approve an incomplete request. Not medically necessary.

**Ganglion blocks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Complex Regional Pain Syndrome (CRPS).

**Decision rationale:** As per MTUS Chronic pain 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. However, this is an incomplete request. Total number of injections was not noted in request. Independent Medical Review cannot approve this incomplete request. Utilization Review approved 1 block. Therefore not medically necessary.