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| Case Number: | CM15-0054760 | | |
| Date Assigned: | 03/30/2015 | Date of Injury: | 05/06/2013 |
| Decision Date: | 05/06/2015 | UR Denial Date: | 03/02/2015 |
| Priority: | Standard | Application Received: | 03/23/2015 |

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 was a 59 year old female, who sustained an industrial injury, May 6, 2013. The injured worker previously received the following treatments nerve blocks to the right upper extremity, right shoulder surgery, Celexa, right shoulder MRI, EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the right upper extremity, Norco, Vicodin, Oxycontin, Cymbalta, Gabapentin and cervical spine MRI. The injured worker was diagnosed with chronic pain, right shoulder pain, right shoulder decompression surgery, biceps tendonitis. According to progress note of February 18, 2015, the injured workers chief complaint was right shoulder pain. The injured worker described the pain as occasion sharp pain, severe numbness and tingling with complaint of numbness in the right fingers. The provider suggested adding Nucynta for depression. The injured worker had a nerve block several years ago, with good benefit. According to the physical assessment of January 30, 2015, the injured worker's range of motion had improved slightly. The injured worker had normal strength. However, there was tenderness with palpation anteriorly and laterally over the deltoid musculature and more distally in the anterior aspect of the upper arm over the biceps musculature. According the treatment plan, on February 18, 2015, included stellate ganglion block, Nucynta, urine toxicology laboratory studies and Functional restoration program with medical physical therapy, occupational therapy and behavioral medicine.

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: 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 Treatment Guidelines Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) Page(s): 103-104.

Decision rationale: The patient presents with pain affecting the right shoulder and neck. The current request is for Stellate Ganglion Block. The treating physician states, "Discussed several options for treatment. She would like Stellate Ganglion Block." (16B) The treating physician also documents that the patient has had a Stellate Ganglion Block done in 2006 which did provide some relief. (22B) The MTUS guidelines only support Stellate Ganglion Block procedures for patients who have severe CRPS and there are no other treatment alternatives. In this case, the exam does not show discoloration, dystrophic changes, swelling of joints, stiffness, weakness, hypersensitivity, etc., the treating physician has not documented other treatment options besides medications, and there is no diagnosis of severe CRPS. The current request is not medically necessary and the recommendation is for denial.

Nucynta 50 mg Qty 60: Overturned

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 Treatment Guidelines Opioids, Initiating Therapy Page(s): 77.

Decision rationale: The patient presents with pain affecting the right shoulder and neck. The current request is for Nucynta 50mg Qty 60. The treating physician states, "Trial of low dose Nucynta 50 mg BID prn for now." (16B) The patient has taken Norco, Vicodin, and OxyContin in the past. For Initiating Opioid Therapy MTUS states, "(a) intermittent pain: Start with a short-acting opioid trying one medication at a time. (b) Continuous pain: extended-release opioids are recommended. Patients on this modality may require a dose of "rescue" opioids. The need for extra opioid can be a guide to determine the sustained release dose required. (c) Only change 1 drug at a time. (d) Prophylactic treatment of constipation should be initiated. (e) If partial analgesia is not obtained, opioids should be discontinued." In this case, the treating physician has documented that the patient is not currently on any active pain medications and he would like to initiate a trial of Nucynta as the patient had previously tried Norco, Vicodin and Oxycontin. The current request is medically necessary and the recommendation is for authorization.

Urine Toxicology: Overturned

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 Treatment Guidelines Opioids
Page(s): 89.

Decision rationale: The patient presents with pain affecting the right shoulder and neck. The current request is for Urine Toxicology. The treating physician states, "UTOX at contracted laboratory." (11B) The MTUS guidelines state that for opioid usage, "Urine drug screens may be required." In this case, the treating physician has documented that the patient is starting a trial of Nucynta, an opioid, has taken other opioids in the past, and in the records provided for review, there is no indication that a prior UDS has been performed. The current request is medically necessary and the recommendation is for authorization.