

Case Number:	CM15-0056252		
Date Assigned:	04/01/2015	Date of Injury:	11/27/2012
Decision Date:	08/17/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/24/2015

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 York

Certification(s)/Specialty: Internal 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 51 year old, male who sustained a work related injury on 11/27/12. The diagnoses have included partial retinal detachment right eye, high anxiety, hypersensitivity syndrome, worsening temporal mandibular joint syndrome, sinusitis, brain injury related distortion of perceptions, complex regional pain syndrome, lumbar back pain, scalp pain and head and neck myofascial pain. Treatment has included medications. In the PR-2 note dated 3/2/15, the injured worker complains of "worms coming out of his nose." He showed the physician a handkerchief with dried sinus drainage on it. He complains of "sharp needles" in his head on scalp. He complains of having bad pain in right side of head. He complains of chest and both shoulders pain. He has pain that radiates down both arms, back and hands. He complains of pain in left foot. The treatment plan is requests for eye-ear-nose-throat (ENT) and ophthalmology follow-ups, for a neuropsychology evaluation, for an MRI of the brain and for refills on medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg Qty: 180 No refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-Opioids.

Decision rationale: According to the CA MTUS and ODG, Norco 10/325mg (Hydrocodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's functional benefit. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is medically necessary.

Restoril 30mg Qty: 30 No refills: Upheld

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

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-Benzodiazepines.

Decision rationale: Restoril (Temazepam) is an intermediate-acting 3-hydroxy hypnotic of the benzodiazepine class of psychoactive drugs. It is approved for the short-term treatment of insomnia. According to CA MTUS Guidelines, benzodiazepines are prescribed for anxiety. They are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. There is no documentation provided indicating that the patient has a diagnosis of insomnia or indicating the duration of therapy with this medication. There are no guideline criteria that support the long-term use of benzodiazepines for sleep disturbances. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

ENT follow up: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Office visits.

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, Office visits.

Decision rationale: Official Disability Guidelines (ODG) recommend office visits as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. 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. Physician may refer to other specialists if diagnosis is complex or extremely complex. Consultation is used to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The notes submitted by treating provider do not indicate why ENT follow up is needed. The previous ENT evaluation did not find any complaints related to the injury. Medical records are not clear about any change in injured worker's chronic symptoms. Given the lack of documentation and considering the given guidelines, the request is not medically necessary

Neuropsychology evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Office visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter-Office visits.

Decision rationale: MTUS recommends Psychological treatment for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self regulatory treatments have been found to be particularly effective. MTUS state Consider a psych consult if there is evidence of depression, anxiety or irritability At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy. ODG state Physician may refer to other specialists if diagnosis is complex or extremely complex. Consultation is used to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. Medical records of injured worker do not give any information about these complaints such as depression, anxiety, panic disorder, or any exam findings that will make it necessary for the requested treatment. Given limited information, the request is not medically necessary.

Left stellate ganglion block: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Stellate ganglion block.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks Page(s): 103. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-CRPS, sympathetic blocks (therapeutic).

Decision rationale: MTUS states there is limited evidence to support Stellate ganglion block (SGB) (Cervicothoracic sympathetic block) this procedure, The one prospective double-blind study (of CRPS) was limited to 4 subjects. This procedure is proposed for the diagnosis and treatment of sympathetic pain involving the face, head, neck, and upper extremities. Pain: CRPS; Herpes Zoster and post-herpetic neuralgia; Frostbite. Circulatory insufficiency: Traumatic/ embolic occlusion; Post-reimplantation; Postembolic vasospasm; Raynaud's disease; Vasculitis; Scleroderma. ODG state that it is 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. In this case of injured worker, within the submitted medical records, the treating provider has not provided any compelling evidence consistent with RSD diagnosis. The Requested Treatment: Left stellate ganglion block is not medically necessary and appropriate.

MRI head: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for imaging - Magnetic resonance imaging.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter-MRI (magnetic resonance imaging).

Decision rationale: Official Disability Guidelines (ODG) state MRI is indicated to determine neurological deficits not explained by CT, to evaluate prolonged interval of disturbed consciousness and to define evidence of acute changes super-imposed on previous trauma or disease. Records indicate the injured worker had reportedly normal MRI. In this case, there is no compelling evidence presented by the treating provider for medical necessity of repeat MRI. The injured worker's complaints are chronic without any acute changes, and no new injury is reported. Information available within the submitted records does not make this requested item medically necessary and appropriate.

Ophthalmology follow up: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Office visits.

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, Office visits.

Decision rationale: Official Disability Guidelines (ODG) recommend office visits as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. 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. Physician may refer to other specialists if diagnosis is complex or extremely complex. Consultation is used to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability. The notes submitted by treating provider do not indicate why Ophthalmology follow up is needed. The previous Ophthalmology evaluation suggest the need for retinal surgery. Medical records are not clear about any change in injured worker's chronic symptoms. Given the lack of documentation about any new concerns, the request for Ophthalmology follow up is not medically necessary.