

Case Number:	CM15-0086206		
Date Assigned:	05/08/2015	Date of Injury:	10/14/2002
Decision Date:	06/09/2015	UR Denial Date:	04/25/2015
Priority:	Standard	Application Received:	05/05/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 39-year-old male, who sustained an industrial injury on 10/14/2002. The injured worker is currently working with modifications. The injured worker is currently diagnosed as having chronic regional pain syndrome and depression and anxiety. Treatment and diagnostics to date has included left plexus/stellate block and medications. In a progress note dated 04/16/2015, the injured worker presented with complaints of constant neck and arm pain. Objective findings include right hand being three degrees warmer and swollen. The treating physician reported requesting authorization for a Stellate block, Nucynta, and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stellate 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 (ODG), pain chronic, CRPS, sympathetic blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Pain

(Chronic) CRPS, sympathetic blocks (therapeutic) (2) Pain (Chronic) Pulsed radiofrequency treatment (PRF).

Decision rationale: The claimant has a remote history of a work injury occurring in October 2002 and continues to be treated for CRPS affecting the right upper extremity. A prior injection had provided 50% pain relief. The injection had been done as a combined procedure with pulsed radiofrequency treatment of the brachial plexus as well as a stellate ganglion block. The procedure was repeated on 12/09/14. When seen, there was right hand swelling with increased temperature. He was having constant neck and arm pain. Nucynta and Flexeril were prescribed. A repeat block procedure was requested. In the therapeutic phase, repeat blocks should only be undertaken if there is evidence of increased range of motion, pain and medication use reduction, and increased tolerance of activity and touch (decreased allodynia) is documented to permit participation in physical therapy/occupational therapy. Sympathetic blocks are not a standalone treatment. Additionally, pulsed radiofrequency treatment (PRF) is not recommended. The request is not medically necessary.

Unknown prescription of Nucynta: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, weaning of medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain (chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p 76-80 (2) Opioids, dosing, p 86 Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work injury occurring in October 2002 and continues to be treated for CRPS affecting the right upper extremity. A prior injection had provided 50% pain relief. The injection had been done as a combined procedure with pulsed radiofrequency treatment of the brachial plexus as well as a stellate ganglion block. The procedure was repeated on 12/09/14. When seen, there was right hand swelling with increased temperature. He was having constant neck and arm pain. Nucynta and Flexeril were prescribed. A repeat block procedure was requested. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Nucynta is a short acting opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. There is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Therefore, the continued prescribing of Nucynta was not medically necessary.

Unknown prescription of Flexeril: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p 41 (2) Muscle relaxants, p 63 Page(s): 41, 63.

Decision rationale: The claimant has a remote history of a work injury occurring in October 2002 and continues to be treated for CRPS affecting the right upper extremity. A prior injection had provided 50% pain relief. The injection had been done as a combined procedure with pulsed radiofrequency treatment of the brachial plexus as well as a stellate ganglion block. The procedure was repeated on 12/09/14. When seen, there was right hand swelling with increased temperature. He was having constant neck and arm pain. Nucynta and Flexeril were prescribed. A repeat block procedure was requested. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, it is being prescribed on a long-term basis and was not medically necessary.