

Case Number:	CM14-0148940		
Date Assigned:	09/18/2014	Date of Injury:	11/26/2012
Decision Date:	10/24/2014	UR Denial Date:	08/16/2014
Priority:	Standard	Application Received:	09/12/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 45-year-old male who has submitted a claim for hand pain and low back pain associated with an industrial injury date of November 26, 2012. Medical records from 2014 were reviewed, which showed that the patient complained of pain in the low back and right finger. He also has intermittent cold sensation to the finger with loss of circulation. An examination of the lumbar spine revealed restricted range of motion, tenderness of the paravertebral muscles, hypertonicity, spasm, and negative straight leg raise test. An examination of the fingers revealed that the fingertip was cool and had decreased sensation. Neurologic examination was essentially normal except for a motor strength grip of 4/5 on the right, decreased light touch sensation over the index finger on the right, dysesthesias over the right index finger, hyperesthesia over the right thumb and index finger and allodynia of the right finger. The treatment to date has included medications and digital block. Utilization review from August 16, 2014 denied the request for Pennsaid 1.5 solution # and Stellate Ganglion Block (right). The request for Pennsaid was denied because the patient was suffering from neuropathic type finger pain which is a type of pain for which this medication is specifically not recommended. The request was also denied because the patient has been prescribed with oral NSAID ibuprofen, and 3) the patient had been on Pennsaid since April 2014 without compelling evidence of functional improvement from its use. The request for stellate ganglion block was denied because there is an absence of clinical data (specific signs and symptoms suggestive of complex regional pain syndrome (CRPS)) to support its medical appropriateness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pennsaid 1.5 solution #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, NSAID Page(s): page 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Pennsaid® (diclofenac sodium topical solution)

Decision rationale: Page 112 of the California MTUS Chronic Pain Medical Treatment Guidelines state that topical Diclofenac is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). The ODG recommends topical Diclofenac for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs. In this case, the patient has been taking Pennsaid since at least 4/2014. However, the patient has pain of neuropathic type rather than somatic pain caused by osteoarthritis. The guidelines do not support the use of Diclofenac in relief of neuropathic pain. Furthermore, despite the prolonged use, there is no objective sign of a benefit in terms of pain reduction and improvement of functionality derived by the patient from this medication. Therefore, the request for Pennsaid 1.5 solution #2 is not medically necessary.

Stellate Ganglion Block (right): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cervicothoracic Sympathetic Block. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, Sympathetic and Epidural Blocks; Regional sympathetic blocks (stellate ganglion block, tho.

Decision rationale: As stated on pages 103-104 of California MTUS Chronic Pain Medical Treatment Guidelines, there is limited evidence to support stellate ganglion block (SGB), with most studies reported being case studies. This block is proposed for the diagnosis and treatment of sympathetic pain involving the face, head, neck, and upper extremities. Proposed indications for pain include: CRPS; herpes zoster and post-herpetic neuralgia; and frostbite. In this case, patient complained of hand pain. However, clinical manifestations were not consistent with CRPS, herpes zoster and postherpetic neuralgia to warrant such treatment procedure. The medical necessity cannot be established because the patient's condition, based on the records provided, is not included in the conditions where a stellate ganglion block is recommended. Therefore, the request for Stellate Ganglion Block (right) is not medically necessary.