

Case Number:	CM14-0211211		
Date Assigned:	12/24/2014	Date of Injury:	07/01/2011
Decision Date:	02/27/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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: Physical Medicine & Rehabn

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 48 year old male with an injury date of 07/01/11. The patient is status post left cervical stellate sympathetic ganglion block, as per operative report dated 07/23/14. Based on 12/08/14 progress report, the patient complains of pain in the spine that radiates to the right side. As per orthopedic evaluation dated 09/09/14, the patient suffers from pain the left shoulder and cervical spine. The patient is unable to rotate his head to left and has no movement of left upper extremity. The pain is rated at 9/10. Physical examination of the left shoulder shows forward flexion of 30 degrees, abduction of 10 degrees, and no internal or external rotation due to pain. The patient has large amount of spasm in the trapezius and scalene muscles along with a positive Spurling's test. Even rotation towards the left caused marked increase in cervical pain on the left side radiating down into the left shoulder and arm. In progress report dated 08/19/14, the patient has painful palpation in the left shoulder and the scapula. As per progress report dated 08/11/14, the patient is status post two shoulder surgeries (date not mentioned) with persistent chondromalacia of the shoulder and tendon derangement with some some supraspinatus and infraspinatus muscle atrophy. There is advancing numbness of head and neck and along C4 and partial C5 dermatomes. The patient also suffers from urinary incontinence and tinnitus, left greater than right. The patient underwent the shoulder surgeries in 2012 and 2013, as per progress report dated 07/30/14. The patient had a sympathetic block which helped reduce symptoms for a week, as per progress report dated 06/30/14. Medications, as per progress report dated 12/08/14, include Lyrica, Cymbalta, Topamax and Ativan. The patient is to remain off work, as per progress report dated 08/19/14. MRI of the Left Shoulder, 06/25/14, as per progress

report dated 07/30/14: Large rotator cuff tearMRI of the Cervical Spine, 08/26/14: - Central canal of the spinal cord is visualized in the lower cervical spine, though is not dilated- Minimal disc bulge at C5-6 areaDiagnoses, 09/09/14: Failed rotator cuff of the left shoulder.The treater is requesting for (a) VALIUM 10 mg, SIXTY COUNT (b) IMITREX 100 mg, SIXTY COUNT (c) ATIVAN 1 mg, 45 COUNT (d) SPINAL CORD STIMULATOR TRIAL. The utilization review determination being challenged is dated 12/11/14. Treatment reports were provided from 06/13/14 - 12/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 10 mg, sixty count: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chapter 'Pain (chronic)' and topic 'Benzodiazepine'.

Decision rationale: The patient is status post left cervical stellate sympathetic ganglion block, as per operative report dated 07/23/14, and currently complains of pain the left shoulder and cervical spine, as per orthopedic evaluation dated 09/09/14. The request is for VALIUM 10 mg, SIXTY COUNT. The pain is rated at 9/10, as per the same progress report. ODG guidelines, chapter 'Pain (chronic)' and topic 'Benzodiazepine', have the following regarding insomnia treatments: "Not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks." The MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." In this case, several progress reports are handwritten and illegible. In progress report dated 12/08/14, the treater states that "Valium helped with shots... (Not legible)." A review of the prior progress indicates that the patient was given intramuscular injection of Toradol/Depo Medrol/Valium on 06/30/14 and Toradol/Valium on 06/18/14, as per the respective progress reports. In progress report dated 06/30/14, the treater states that then injection was given because the patient was "agitated and distressed" and was in "high degree of pain." The progress reports do not provide any other details about the medication. In progress report dated 12/08/14, the treater states that the "patient can't sleep," While insomnia is not specifically discussed in the reports, the patient may have sleep issues secondary to pain. However, ODG guidelines recommend against the use of Valium for more than 4 week and consequently, the treater's request for # 60 appears excessive. This request is not medically necessary.

Imitrex 100 mg, sixty count: 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), Head Chapter, Triptans Section

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chapter 'Head' and topic 'Triptan'.

Decision rationale: The patient is status post left cervical stellate sympathetic ganglion block, as per operative report dated 07/23/14, and currently complains of pain the left shoulder and cervical spine, as per orthopedic evaluation dated 09/09/14. The request is for Imitrex 100 mg, sixty count. The pain is rated at 9/10, as per the same progress report. ODG Guidelines, chapter 'Head' and topic 'Triptan', state that Triptans such as Sumatriptan are "Recommended for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to one triptan does not predict a poor response to other agents in that class." In this case, many progress reports are handwritten and illegible. None of the reports discuss a prescription for Imitrex. The patient does suffer from headaches. In progress report dated 06/30/14, the treater states that the patient has extremely severe pain in the head, left greater than right. None of the reports, however, document specific symptoms of migraine with a clear diagnosis. The reports lack information regarding the intended purpose of this medication. Hence, the request for Imitrex is not medically necessary.

Ativan 1 mg, 45 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chapter 'Pain (chronic)' and topic 'Benzodiazepine'.

Decision rationale: The patient is status post left cervical stellate sympathetic ganglion block, as per operative report dated 07/23/14, and currently complains of pain the left shoulder and cervical spine, as per orthopedic evaluation dated 09/09/14. The request is for Ativan 1 mg, 45 count. The pain is rated at 9/10, as per the same progress report. ODG guidelines, chapter 'Pain (chronic)' and topic 'Benzodiazepine', have the following regarding insomnia treatments: "Not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks." The MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." In this case, several progress reports are handwritten and illegible. In progress report dated 12/08/14, the treater states that "Ativan made him 'freak out' caused him to hallucinate really badly." The progress reports do not provide any other details about the medication. In progress report dated 12/08/14, the treater states that the "patient can't sleep," While insomnia is not specifically discussed in the reports, the patient may have sleep issues

secondary to pain. However, ODG guidelines recommend against the use of Valium for more than 4 week and consequently, the treater's request for # 45 appears excessive. This request is not medically necessary.

Spinal cord stimulator trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord Stimulators Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS) Spinal cord stimulators (SCS) Page(s): 105-107.

Decision rationale: The patient is status post left cervical stellate sympathetic ganglion block, as per operative report dated 07/23/14, and currently complains of pain the left shoulder and cervical spine, as per orthopedic evaluation dated 09/09/14. The request is for Spinal Cord Stimulator Trial. The pain is rated at 9/10, as per the same progress report. MTUS Guidelines, pages 105-107, Chronic Pain Medical Treatment Guidelines: Spinal cord stimulators (SCS) Spinal cord stimulators (SCS) Recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions indicated below, and following a successful temporary trial. Although there is limited evidence in favor of Spinal Cord Stimulators (SCS) for Failed Back Surgery Syndrome (FBSS) and Complex Regional Pain Syndrome (CRPS) Type I, more trials are needed to confirm whether SCS is an effective treatment for certain types of chronic pain. The guidelines also say the stimulator is indicated for "Complex Regional Pain Syndrome (CRPS)/Reflex sympathetic dystrophy (RSD), 70-90% success rate, at 14 to 41 months after surgery. (Note: This is a controversial diagnosis.)" In this case, several progress reports are handwritten and illegible. In progress report dated 12/08/14, the treater states that "I think we are going on to need spinal cord stimulator." Although none of the available reports discuss the need for the stimulator, the patient does suffer from cervical spine and left upper extremity pain. He has also been diagnosed with complex regional pain syndrome, as per the same progress report. However, there is no psychological evaluation providing a clearance. MTUS require psychological clearance before SCS trial can be considered. Hence, this request is not medically necessary.