

Case Number:	CM15-0017261		
Date Assigned:	02/05/2015	Date of Injury:	12/31/1991
Decision Date:	03/27/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/29/2015

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

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 is a 76 year old female who sustained an industrial related injury on 1/2/93. The injured worker had complaints of right wrist pain. Diagnoses included complex regional pain syndrome of bilateral upper extremities, bilateral median neuropathy due to carpal tunnel syndrome status post left carpal tunnel release, occipitotemporal muscle contraction cephalgia, status post left ulnar transposition at the elbow, right subacromial and right subdeltoid bursitis, and right knee arthritis. Myofascial pain syndrome of the neck, bilateral, shoulders, and thoracolumbar paravertebral muscles, was also noted. Treatment included aqua therapy, 3 Orthovisc injections for the right knee, and pain psychotherapy. The injured worker also received right lumbar paravertebral sympathetic blocks at L2-4 which provided 75% relief of the right lower extremity neuropathic pain and allodynia. Medication included Methadone, Lexapro, and Zolpidem. The treating physician requested authorization for Zolpidem 5mg #30, Methadone 10mg #300, and 1 sympathetic block under fluoroscopic guidance at L2, L3, and L4. On 1/14/15 the requests were modified or non-certified. Regarding Zolpidem, the utilization review (UR) physician cited the Official Disability Guidelines and noted the injured worker had used this medication for an extended period of time without any benefits therefore the request was non-certified. Regarding Methadone, the UR physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines and noted the injured worker's total daily dose of oral morphine equivalent is 1200mg which is much higher than the recommended dosage of 120mg a day. There was also no evidence of clinical functional improvement. Therefore the request was modified to a quantity of 225 for tapering. Regarding the sympathetic block, the UR physician

cited the MTUS guidelines and noted there is limited evidence to support this procedure. Therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zolpidem 5mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Mental/stress chapter, Zolpidem; insomnia treatment

Decision rationale: This patient presents with neck, low back, bilateral shoulder, right knee and wrist pain. The patient also complains of persistent poor sleep. The current request is for ZOLPIDEM 5MG #30. The ACOEM and MTUS Guidelines do not address Ambien; however, the ODG Guidelines under the mental illness and stress chapter regarding Zolpidem/Ambien states, "Zolpidem, Ambien generic available Ambien CR, is indicated for short-term treatment of insomnia with difficulty of onset (7-10 days)." In this case, review of the medical file indicates the patient has been utilizing Zolpidem since at least 8/5/14 and the ODG only support short-term use of this medication. The requested Zolpidem IS NOT medically necessary.

Methadone 10mg #300: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient presents with neck, low back, bilateral shoulder, right knee and wrist pain. The patient also complains of persistent poor sleep. The current request is for METHADONE 10MG #300. For chronic opioid use, the MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. This patient has been utilizing Methadone since at least 8/5/14. Progress report dated 8/5/14 and 9/9/14 both state "medication management was performed with review of current medications, documentation of medication benefit and medical necessity and note of no significant side effect." Besides this general state, there are no other discussions regarding this medications efficacy in terms of function improvement or changes in ADL's. Furthermore, there are no outcome measures or pain assessments as required by MTUS for opiate management.

There are not discussions of aberrant behaviors and Urine drug screens are not provided to monitor for compliance. The treating physician has failed to document the minimal requirements of documentation that are outlined in MTUS for continued opiate use. The requested Methadone IS NOT medically necessary and recommendation is for slow weaning per MTUS.

Sympathetic block at L2, L3, L4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks Regional sympathetic blocks (stellate ganglion block, tho. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Injections; pain injections general

Decision rationale: This patient presents with neck, low back, bilateral shoulder, right knee and wrist pain. The patient also complains of persistent poor sleep. The current request is for SYMPATHETIC BLOCK AT L2, L3, L4. MTUS, page 39-40 states: "CRPS, sympathetic and epidural blocks. Recommended only as indicated below, for a limited role, primarily for diagnosis of sympathetically mediated pain and as an adjunct to facilitate physical therapy. Repeated blocks are only recommended if continued improvement is observed. Systematic reviews reveal a paucity of published evidence supporting the use of local anesthetic sympathetic blocks for the treatment of CRPS and usefulness remains controversial. Less than 1/3 of patients with CRPS are likely to respond to sympathetic blockade. No controlled trials have shown any significant benefit from sympathetic blockade." "Predictors of poor response: Long duration of symptoms prior to intervention; Elevated anxiety levels; Poor coping skills; Litigation." MTUS p103-104 also states: "Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) Recommendations are generally limited to diagnosis and therapy for CRPS. Stellate ganglion block (SGB) (Cardiothoracic sympathetic block): There is limited evidence to support this procedure, with most studies reported being case studies. "This patient has a diagnosis of CRPS of the upper and lower extremities. As documented in progress report dated 8/5/15, the patient underwent a previous lumbar sympathetic block which provided 75% of the right lower extremity neuropathic pain and allodynia. ODG, under the pain chapter, under injections: Pain injections general: Consistent with the intent of relieving pain, improving function, decreasing medications, and encouraging return to work, repeat pain and other injections not otherwise specified in a particular section in ODG, should at a very minimum relieve pain to the extent of 50% for a sustained period, and clearly result in documented reduction in pain medications, improved function, and/or return to work. In this case, the treating stated that the patient received 75% pain relief from prior sympathetic block; however, the patient continues with high doses of Methadone and there is no discussion regarding functional improvement. There are no discussions regarding sustained periods of improvement of pain with documented reduction of pain medications, improved function and/or return to work. This request IS NOT medically necessary.