

Case Number:	CM15-0017486		
Date Assigned:	04/15/2015	Date of Injury:	07/31/2008
Decision Date:	06/01/2015	UR Denial Date:	01/03/2015
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 48 year old female with an industrial injury dated 07/31/2008. Her diagnosis includes left elbow chronic left ulnar collateral ligament sprain, status post left wrist de Quervain's release/decompression, status post revision left de Quervain's release, left thumb triggering/early stenosing tenosynovitis and post-operative left trigger thumb release. Prior treatments include diagnostics, pain management evaluation, surgery and medications. She presents on 12/10/2014 with complaints of bilateral wrist and hand pain with radiation to the elbows and shoulder. Physical exam revealed tenderness to palpation over the left elbow. Left hand and wrist demonstrated tenderness to palpation. The treatment plan included stellate ganglion blocks, urine toxicology monitoring and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Stellate ganglion blocks-left (done in series): 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Stellate ganglion block Page(s): 108.

Decision rationale: The request for 6 stellate ganglion blocks left (done in series) is not medically necessary. The California MTUS Guidelines state stellate ganglion blocks have limited evidence to support the procedure, 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. Pain: CRPS; herpes zoster and postherpetic neuralgia; frostbite. Circulatory insufficiency: traumatic/embolic occlusion; post reimplantation; post embolic vasospasm; Reynaud's disease; vasculitis; scleroderma. There appears to be positive correlation between efficacy and how soon the therapy is initiated. Duration of symptoms greater than 16 weeks before the initial stellate ganglion block and/or a decrease in skin perfusion by 22% between the normal and affected hands adversely affected the efficacy of the stellate ganglion block therapy. As the guidelines do not indicate studies to support the use of stellate ganglion blocks and the injured worker has not been diagnosed with CRPS, herpes zoster, frostbite, circulatory insufficiency, Reynaud's disease, vasculitis, or scleroderma, the request is not medically necessary.

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The request for tramadol 50 mg #60 is not medically necessary. The California MTUS Guidelines state there are 4 domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. Those domains included pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. There is a lack of documentation of proper pain assessment, side effects from the use of tramadol, objective functional improvement with activities of daily living, and current urine drug screens. The request does not include dosing instructions. This medication is recommended for weaning. The request for tramadol 50mg #60 is not medically necessary.

Mobic 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Mobic (Meloxicam), NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The request for Mobic 15mg #30 is not medically necessary. The California MTUS Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period

in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain and in particular for those with gastrointestinal, cardiovascular, or renovascular risk factors. There is a lack of documentation of the efficacy of this medication for this injured worker. The request does not include dosing instructions. The request for Mobic 15mg #30 is not medically necessary.

12 Urine drug screens: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-91.

Decision rationale: The request for 12 urine drug screens is not medically necessary. California MTUS Guidelines state that urine drug screens are indicated periodically while the injured worker has been prescribed opioids. However, there is a lack of documentation of abuse symptoms to indicate a monthly urine drug screen. Therefore, the request for 12 urine drug screens is not medically necessary.