

Case Number:	CM15-0078266		
Date Assigned:	04/29/2015	Date of Injury:	01/20/2000
Decision Date:	05/26/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/23/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 was a 65 year old male, who sustained an industrial injury, January 20, 2000. The injured worker previously received the following treatments Nucynta, Norco, Oxymorphone and random laboratory studies. The injured worker was diagnosed with chronic cervical neck pain, status post cervical fusion and degenerative disc disease with moderate stenosis. According to progress note of March 24, 2015, the injured workers chief complaint was terrible lower back pain. The Norco and Nucynta were decreased. The headaches were severe in the right side of the forehead. The physical exam noted pain with range of motion of the right wrist and shoulder. The lower back pain was at the least amount of pain at rest and increased with range of motion. There were paraspinous spasms at the L2 lumbar level. The treatment plan included Nucynta, 2 bilateral L2 paravertebral sympathetic blocks and right C6-C7 sympathetic stellate ganglion block.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100mg #120: 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): 82-92.

Decision rationale: According to the ACOEM guidelines, opioids are not indicated for mechanical or compressive etiologies. Long-term use has not been studied. The claimant had been on Nucynta and Norco for several months without consistent documentation of pain scores. In addition, the combined use of Nucynta and Norco exceed the daily morphine equivalent of 120 mg. In addition, other long-acting opioids have been more extensively studied. The pain has been persistent and the continued use of Nucynta is not medically necessary.

Bilateral L2 paravertebral sympathetic blocks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG guidelines, low back chapter and pg 38.

Decision rationale: According to the guidelines, blocks are recommended in the absence of fusion or radicular symptoms. In this case, the claimant has radicular symptoms. In addition, invasive techniques have short-term benefit and are not recommended by the ACOEM guidelines. Exam details and justification for procedure was not legible. The request for L2 sympathetic blocks is not medically necessary.

Right C6-7 sympathetic stellate ganglion block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG neck chapter and pg 26.

Decision rationale: According to the guidelines, blocks are recommended in the absence of fusion or radicular symptoms. In this case, the claimant has radicular symptoms and a prior fusion. In addition, invasive techniques have short-term benefit and are not recommended by the ACOEM guidelines. Exam details and justification for procedure was not legible. The request for C6-C7 sympathetic block is not medically necessary.