

<b>Case Number:</b>	CM15-0099306		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	03/18/2013
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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 31 year old male, who sustained an industrial injury on March 18, 2013 working as an electrocardiogram technician. The injury was a result of repetitive motions. The injured worker has been treated for right elbow, wrist, forearm and finger complaints. The diagnoses have included reflex sympathetic dystrophy syndrome upper limb, elbow pain, right medial epicondylitis and hand pain. Treatment to date has included medications, radiological studies, MRI, electrodiagnostic studies, physical therapy, acupuncture therapy, heat treatments, a transcutaneous electrical nerve stimulation unit, home exercise program, stellate ganglion block and right ulnar nerve revision surgery. The documentation notes the injured worker had one stellate ganglion block prior to surgery, which provided no significant pain relief. Current documentation dated April 23, 2015 notes that the injured worker reported right shoulder, right arm, right elbow, right wrist and right hand pain. The pain level was noted to be unchanged from the prior visit. Examination of the right elbow revealed no limitation in range of motion and a positive Tinel's sign. The right hand was noted to have dry skin, was cool to touch and red in color as compared to the left hand. The treating physician's plan of care included a request for Lidoderm 5% patches 700mg/patch # 1 and a stellate ganglion block series # 3.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 5% patch 700mg/patch qty: 1: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patches, Topical analgesic Page(s): 56-57, 111-113. Decision based on Non-MTUS Citation Official disability guidelines, Pain Chapter, Lidoderm.

**Decision rationale:** This patient presents with right elbow, right shoulder, right arm, and right wrist/hand pain. The current request is for Lidoderm 5% patch 700mg/patch qty: 1. The Request for Authorization is not provided in the medical file. Treatment to date has included medications, radiological studies, MRI, electrodiagnostic studies, physical therapy, acupuncture therapy, heat treatments, a transcutaneous electrical nerve stimulation unit, home exercise program, stellate ganglion block and right ulnar nerve revision surgery. The patient is not working. MTUS guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain. Recommended for localized peripheral pain." When reading ODG guidelines, Pain Chapter on Lidoderm, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. This patient is status post right ulnar anterior transposition revision surgery on 10/23/14. Post operatively the patient has developed CRPS of the right upper extremity. According to progress report 03/16/15, the patient has pain with associated numbness, tingling and weakness in the right arm and right hand. Examination of the right elbow revealed positive Tinel's. The treating physician stated that prior to surgery the patient received one stellate ganglion block "which provided him with no significant pain relief." Recommendation was for the patient to continue with Lidoderm patches "as this is helpful for assisting with his pain relief" and "will request stellate ganglion blocks as we feel that this will significantly help with patient's pain." The patient has been prescribed Lidoderm patches since 12/23/14 with documentation of medication efficacy. This patient has CRPS of the right upper extremity with numbness and tingling. Given the objective findings, subjective complaints and the treater's documentation of medication efficacy, the requested Lidoderm patches ARE medically necessary.

**Stellate ganglion block (series) qty 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Regional sympathetic blocks (stellate ganglion block thoracic sympathetic block, & lumbar sympathetic block) Page(s): 103.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, sympathetic and epidural blocks Regional sympathetic blocks (stellate ganglion block, thoracic sympathetic block, & lumbar sympathetic block) Page(s): 39-40, 103-104.

**Decision rationale:** This patient presents with right elbow, right shoulder, right arm, and right wrist/hand pain. The current request is for Stellate ganglion block (series) qty 3. The Request for Authorization is not provided in the medical file. Treatment to date has included medications, radiological studies, MRI, electrodiagnostic studies, physical therapy, acupuncture therapy, heat treatments, a transcutaneous electrical nerve stimulation unit, home exercise program, stellate ganglion block and right ulnar nerve revision surgery. The patient is not working. 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) (Cervicothoracic sympathetic block): There is limited evidence to support this procedure, with most studies reported being case studies." This patient is status post right ulnar anterior transposition revision surgery on 10/23/14. Post operatively the patient has developed CRPS of the right upper extremity. According to progress report 03/16/15, the patient has pain with associated numbness, tingling and weakness in the right arm and right hand. Examination of the right elbow revealed positive Tinel's. Recommendation was for the patient to continue with Lidoderm patches "as this is helpful for assisting with his pain relief" and "stellate ganglion blocks as we feel that this will significantly help with patient's pain." The treating physician stated in his 03/16/15 report that prior to surgery the patient received one stellate ganglion block "which provided him with no significant pain relief." MTUS only support repeat blocks when there is documentation of continued improvement. Furthermore, although MTUS states stellate ganglion blocks are indicated for diagnosis and therapy for CRPS, there is no indication that MTUS guidelines support a "series of three" diagnostic stellate ganglion blocks. The current request IS NOT medically necessary.