

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/1/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/18/2013
Date of Injury:	6/7/2007
IMR Application Received:	7/31/2013
MAXIMUS Case Number:	CM13-0004839

- 1) MAXIMUS Federal Services, Inc. has determined the request for two (2) right stellate ganglion blocks **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Vicodin ES #90 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/31/2013 disputing the Utilization Review Denial dated 7/17/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/13/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for two (2) right stellate ganglion blocks **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Vicodin ES #90 **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management and is licensed to practice in California. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The patient is a 47-year-old female who reported injury on 06/07/2007. Clinical note dated 11/29/2012 reported the patient had CRPS of the right upper extremity. Urine drug screen dated 12/12/2012 reported all negative findings including hydrocodone. Re-evaluation on 01/08/2013 reported that the patient had complaints of 10/10 pain in the right upper extremity. The patient was noted to be taking Norco and gabapentin. Physical examination revealed significant allodynia to the right hand/wrist with somewhat sweaty palm and darker color. The patient was recommended for switching Norco to Vicodin. The patient was also recommended for 3 right stellate ganglion blocks. Follow up on 02/05/2013, reported the patient had some relief of pain with Vicodin and Neurontin. Procedure report dated 03/27/2013, reported the patient underwent a right stellate ganglion block. Urine drug screen collected on 03/27/2013 reported positive findings for tramadol. Follow-up visit on 04/16/2013 reported the patient had some relief with medications. The patient did report that she was able to decrease Vicodin by 50% and she had 70% overall decreased pain from the right stellate ganglion block in 03/2013. Follow-up visit on 05/14/2013, reported the patient was recommended for ongoing medication management and 2 additional right stellate ganglion blocks. Utilization review on 07/18/2013 reported the request for right stellate ganglion block was partially certified for 1 session and Vicodin was partially certified for 60 tablets.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination [REDACTED]
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for two (2) right stellate ganglion blocks:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Stellate ganglion block, pg. 108, which is part of the California Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 103, Stellate ganglion block (SGB) (Cervicothoracic sympathetic block), which is part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines recommend stellate ganglion blocks in patients with CRPS although there was limited evidence. The employee did undergo a previous stellate ganglion block in 03/2013 with documented 70% pain relief and decreased medication intake. Therefore, repeat stellate ganglion blocks would be supported. The employee would benefit from 1 additional injection; however, there is lack of rationale to support the need for 2 injections without re-evaluation and documentation of efficacy. **The request for two (2) right stellate ganglion blocks is not medically necessary and appropriate.**

2) Regarding the request for Vicodin ES #90:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, pg. 78, which is part of the California Medical Treatment Utilization Schedule (MTUS).

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids, criteria for use, pgs. 76-78 and 91, which are part of the California Medical Treatment Utilization Schedule (MTUS).

Rationale for the Decision:

Chronic Pain Medical Treatment Guidelines do recommend Vicodin for moderate to moderately severe pain. Guidelines also state there should be documentation of the 4A's which includes analgesia, adverse side effects, aberrant drug taking

behaviors, and activities of daily living. The employee is reported to have some pain relief with use of Vicodin; however, there is lack of documentation of any objective functional improvement and prior urine drug screens have not been consistent with Vicodin/hydrocodone. Therefore, ongoing use of 90 pills of Vicodin would not be supported at this time. **The request for Vicodin ES #90 is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/ldh

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.