

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0009986 | | |
| Date Assigned: | 09/24/2013 | Date of Injury: | 06/04/2011 |
| Decision Date: | 01/10/2014 | UR Denial Date: | 08/09/2013 |
| Priority: | Standard | Application Received: | 08/16/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 underlying date of injury in this case is 06/04/2011. According to an agreed medical evaluation of 04/29/2013, treating diagnoses include a history of concussion-brief coma, 2-day hospitalization associated with patient's original injury with extensive testing showing no acute bony or soft tissue injuries other than a contusion/abrasion of the right greater than left elbow, preexisting 2-level cervical disc degeneration and chronic pain issues, right cubital tunnel syndrome by electrodiagnostic evaluation, headaches which are the patient's major disabling problem in terms of pain, history of chronic fatigue syndrome overlying chronic myalgia, extreme number of ongoing and historical life stressor events, multiple fractures of the thoracic spine from a firework injury in 1993, tinnitus and hearing loss and dizziness under evaluation by an ENT specialist, and dysesthesia in all limbs possibly representing an idiopathic peripheral neuropathy. An initial physician review noted that the patient did not meet the guideline criteria for trigger point injections. That reviewer noted that the patient has chronic pain not manageable other than with fentanyl, and therefore that reviewer certified that medication. However, that reviewer indicated that Norco was not recommended since opioids are not recommended for long-term use without evidence of functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 nerve block to the left greater occipital nerve: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter..

Decision rationale: The ACOEM Guidelines, Chapter 8 Neck, page 174, states, "Invasive techniques such as injection of trigger points, facet joints, or corticosteroids have no proven benefit in treating acute neck and upper back symptoms." More specific guidance can be found in Official Disability Guidelines/Treatment of Workers' Compensation/Neck, which states regarding greater occipital nerve blocks, "Under study for treatment of occipital neuralgia and cervicogenic headaches. There is little evidence that the block provides sustained relief." Therefore, the guidelines do not support an indication for an occipital block, particularly in the chronic setting. This request is not medically necessary.

1 trigger point injection in the left trapezius: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Section on trigger point injections Page(s): 122.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Trigger Point Injections, page 122, contains detailed criteria for the use of trigger point injections, noting among these requirements "documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain." The medical records do not meet these detailed guidelines, nor do the records provide an alternate rationale for this treatment. This request is not medically necessary.

Prescription Norco 10/325mg, 2 month supply: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Section on Opioids/Ongoing pain Management Page(s): 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Opioids/Ongoing Pain Management, page 78, recommends "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." The medical records in this case provide very limited information regarding these details of titration of functional affect and goals versus dosage and side effects. The medical records do not support an indication for this treatment. This request is not medically necessary.

Prescription Promethazine 25mg, 2 month supply: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA-approved labeling information. .

Decision rationale: This medication is not discussed in the California Guidelines. FDA-approved labeling information states that this medication is indicated for allergic rhinitis, allergic conjunctivitis, preoperative or postoperative sedation, prevention of nausea associated with certain types of surgery, or adjunctive therapy for control of postoperative pain. The medical records do not indicate that the patient meets these criteria or other criteria to support this medication's use. This request is not medically necessary.

Prescription Restoril 30mg, 2 month supply: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Section on Benzodiazepines Page(s): 24.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Benzodiazepines, page 24, states, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence...Chronic benzodiazepines are the treatment of choice in very few conditions." The medical records do not provide an alternate rationale for use of this medication in contrast to the guidelines. This request is not medically necessary.

1 trial of Botox injections: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Section on Botulinum Toxind Page(s): 25.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Botulinum Toxin, page 25, states, "Not generally recommended for chronic pain disorders, but recommended for cervical dystonia." The records do not document that this patient has cervical dystonia, nor do the records document an alternate rationale or indication for this treatment. This request is not medically necessary.