

<b>Case Number:</b>	CM13-0019716		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	03/12/2008
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of March 12, 2008. Thus far, the applicant has been treated with analgesic medications; attorney representations; opioid therapy; adjuvant medications; cervical MRI imaging of March 5, 2013, notable for mild to moderate canal stenosis at C5-C6 and C6-C7; MRI imaging of the lumbar spine of March 5, 2013, notable for mild to moderate canal stenosis at L3-L4 and L4-L5; and extensive periods of time off of work. In a utilization review report dated August 28, 2013, the claims administrator denied a request for Norco, approved a request for Pamelor, approved a request for medication panel, approved a neurology follow-up visit, approved a pain management consultation, approved a psychology follow-up visit, and denied an occipital nerve block. The claims administrator cited non-MTUS Chapter 7 ACOEM Guidelines and 2008 ACOEM Guidelines in its report, both of which are mislabeled as originating from the MTUS. In an applicant question dated April 10, 2013, the applicant acknowledged that she was not working. In a progress note dated April 10, 2013, the treating provider objected to the claims administrator's denial of Norco, despite acknowledging that the applicant had developed some intermittent nausea with the same. The attending provider stated that ongoing usage of Norco was ameliorating the applicant's ability to function, although this was not expounded or elaborated upon. The applicant was given refills of Norco and Dendracin lotion on this occasion. The applicant was described as permanent and stationary at this point in time. In a later questionnaire dated May 12, 2013, the applicant again acknowledged that she was not working. In another questionnaire, undated, the applicant reported 10/10 pain. The applicant stated that she had last worked in 2008. The applicant stated that she was only able to sit or stand up to five minutes continuously and could only sleep two hours nightly. The applicant stated that she was uncomfortable. The applicant stated that the

topical Dendracin was not altogether effective and that she believed the ongoing medication usage was generating stomach upset/ dyspepsia. On July 9, 2013, the applicant presented with 9/10 neck and back pain. The applicant was using three to four Norco a day. The applicant stated that ongoing usage of Norco was diminishing her pain from 9/10 to 5-6/10. The applicant was having difficulty performing home exercises secondary to pain. The applicant stated that her neurologist had apparently recommended an occipital nerve block as there was some uncertainty as to what the source of the applicant's headache was. Norco, Nortiptyline, and diagnostic occipital nerve block were sought. In a July 4, 2013 applicant questionnaire, the applicant acknowledged that she was not working and reported 8/10, severe neck, back, leg, and arm pain with associated headaches. In a May 30, 2013, applicant questionnaire, the applicant stated that she again reported 8-10/10 neck pain and headaches. The applicant had on and off stomach pain and dyspepsia, she acknowledged, and was not working, she stated.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **OCCIPITAL NERVE BLOCK FOR DIAGNOSIS PLUS THERAPEUTIC PURPOSES:**

Overtaken

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Local Anesthetic Injections section.

**Decision rationale:** The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines Chronic Pain Chapter, local anesthetic injections such as the proposed occipital nerve block are recommended for diagnosing chronic pain. In this case, the attending provider has speculated that the applicant's neck pain may be the result of cervicogenic headaches versus primary headaches versus depression-induced headaches. Obtaining a diagnostic greater occipital nerve block to help establish the source of the applicant's neck pain and headaches is therefore indicated. Accordingly, the request is medically necessary.

#### **HYDROCODONE/ACETAMINOPHEN (APAP) 10MG/325MG #180: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids, When to Discontinue Opioids Page(s): 80, 79.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduce pain achieved as a result of the same. In this case, however, the applicant does not appear to have affected any clear, concrete, or tangible

decrements in pain or improvements in function achieve as a result of ongoing Norco usage. The applicant does not appear to be working. The applicant reported on a questionnaire dated July 4, 2013 that her pain levels were in the 8-10/10 range, despite ongoing usage of Norco. The applicant is having difficulty sleeping at night owing to heightened pain complaints, it is further noted. All the above, taken together, suggests that ongoing Norco usage has not been altogether effectual. Furthermore, page 79 of the MTUS Chronic Pain Medical Treatment Guidelines notes that opioids should be discontinued in applicants who have continuing pain with evidence of intolerable adverse effects. In this case, the applicant is reporting symptoms of heartburn, dyspepsia, and nausea, apparently induced as a result of ongoing Norco usage. For all the stated reasons, then, discontinuing Norco appears to be a more appropriate option than continuing the same. Therefore, the request is not medically necessary.