

Case Number:	CM13-0031962		
Date Assigned:	12/04/2013	Date of Injury:	03/21/2005
Decision Date:	01/16/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/04/2013

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 & Rehabilitation and is licensed to practice in Illinois, Indiana, and Texas. 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 patient is a 47-year-old male who reported an injury on 03/21/2005. The patient has a history of L4-S1 fusion and an L3-5 laminectomy with spinal cord stimulator placement. The patient underwent a CT myelogram of the lumbar spine that revealed a broad-based disc bulge at L2-3 and L3-4 without significant spinal canal stenosis. The patient underwent bilateral radiofrequency ablation at L3-4, which did provide pain relief. The patient's most recent clinical evaluation revealed that the patient had increased pain following a cervical facet injection on 08/23/2013; however, he had had an increase in pain. Previous treatments included chiropractic care, massage and acupuncture without significant benefit. It was noted that the patient had not been on pain medications since 2012. The patient's pain was described as at an 8/10 with rest and a 9/10 with activity. Physical findings included tenderness to palpation throughout the neck and upper back with negative Tinel's testing at the greater occipital nerve and positive facet loading in both the cervical spine and low back. The patient's diagnoses included postlaminectomy syndrome of the lumbar region, lumbar radiculopathy and cervical radiculopathy. The patient's treatment plan included an occipital nerve block and a prescription of Fioricet.

IMR ISSUES, DECISIONS AND RATIONALES

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

for 1 right third occipital nerve block: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter.

Decision rationale: The requested right third occipital nerve block is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has chronic neck pain. The Official Disability Guidelines do not recommend procedures that are under study for the treatment of a patient's chronic pain. The Official Disability Guidelines state that there is little to no evidence to support that a greater occipital nerve block provides sustained pain relief. The patient has undergone previous occipital nerve blocks without documentation of sustained pain relief. Additional occipital nerve blocks would not be supported. As such, the right third occipital nerve block is not medically necessary or appropriate.

of Fioricet #28: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Barbiturate-containing analgesic agents (BCAs) .

Decision rationale: The requested prescription for Fioricet #28 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has headaches. It was noted within the documentation that the patient is treating his headaches with over-the-counter medications. The efficacy of the over-the-counter medication is not established. Additionally, the California Medical Treatment Utilization Schedule does not recommend the use of barbiturate-containing analgesic agents, such as Fioricet, for chronic pain. The California Medical Treatment Utilization Schedule states, "The potential for drug dependence is high, and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to barbiturate constituents." There was no indication that the patient's headache symptoms are not well-controlled by over-the-counter medications. Transition to a barbiturate-containing analgesic is not medically necessary. Additionally, as this type of medication is not supported by guideline recommendations, it would not be indicated. As such, the requested 1 prescription of Fioricet #28 is not medically necessary or appropriate.