MAXIMUS Federal Services

Case Number:	CM13-0032664		
Date Assigned:	12/11/2013	Date of Injury:	07/07/2004
Decision Date:	01/27/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/08/2013

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 Preventative Medicine and 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 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 applicant is a represented [redacted] employee who has filed a claim for chronic posttraumatic headaches, shoulder pain, neck pain, and myofascial pain syndrome reportedly associated with an industrial injury of July 7, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; long and short-acting opioids; prior cervical laminectomy; a cervical spinal cord stimulator implantation; prior right shoulder arthroscopy; psychotropic medications; topical compounds; at least one prior set of occipital nerve blocks; and extensive periods of time off of work. In a Utilization Review Report of September 25, 2013, the claims administrator retrospectively not certified a prescription for topical Dendracin lotion and retrospectively not certified trigger point blocks and occipital nerve blocks performed on the cervical spine on August 26th. The applicant's attorney later appealed. A later progress note of November 20, 2013, is notable for comments that the applicant underwent occipital nerve blocks and reported 50% pain relief. She states that the occipital nerve block did diminish her headaches in the past. She is on Lidoderm, Zoloft, trazodone, Dendracin, baclofen, and tramadol. She is status post spinal cord stimulator implantation. The applicant underwent further greater occipital nerve blocks in the clinic. Various medications were refilled. She was again given permanent work restrictions which have resulted in her being placed off of work. Multiple notes dated November 7, 2013 and October 22, 2013 are also notable for comments that the applicant reports neck pan radiating to the right shoulder and that the applicant underwent occipital nerve blocks in the clinic. The applicant did exhibit limited cervical range of motion and underwent trigger point injections and occipital nerve blocks in the clinic on multiple occasions. The applicant's work status and work restrictions are unchanged from visit to visi

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Dendracin lotion 120ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Topical Analagesics Page(s): 111 of 127.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, oral pharmaceuticals are first-line palliative method. In this case, the applicant is described as using numerous oral pharmaceuticals, including tramadol, Soma, baclofen, Ultracet, Zoloft, etc., effectively obviating the need for topical compounds or topical analgesics such as Dendracin, which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines (largely experimental). It is further noted that the applicant has failed to derive any lasting benefit or functional improvement through prior usage of Dendracin. The applicant's work status and work restrictions were unchanged from visit to visit. The applicant did not diminish reliance on medical treatment as a result of ongoing Dendracin usage. If anything, the applicant remains highly reliant on various medical treatments, including a spinal cord stimulator, topical agents, oral pharmaceuticals, injection therapy, etc., for all of these reasons, the proposed topical Dendracin compound is not medically necessary, medically appropriate, or indicated here.

Bilateral occipital nerve blocks left: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Functional Improvement and ACOEM Chronic Pain, Diagnostic and Treatment Considerations-Local Anesthetic Injections, Version 3

Decision rationale: The MTUS does not address the topic of occipital nerve blocks. As noted in the Third Edition ACOEM Guidelines, greater occipital nerve blocks can be used on a diagnostic basis to determine whether a headache is a function of static neck position versus migraines. There is, however, no quality evidence which demonstrates that repeated injections are effective in the long-term management of chronic localized pain. In this case, the applicant has had numerous occipital nerve blocks over time. There is no evidence that the applicant has derived any lasting benefit or functional improvement as a result of ongoing occipital nerve blocks. The applicant has failed to return to work. The applicant did not derive any functional improvement as defined in section 9792.20f through prior occipital nerve blocks. The applicant's work status and work restrictions were unchanged from visit to visit. The applicant remained highly reliant on various forms of medical treatment, medications, and injections. All the above, taken together, support the ACOEM position that chronic, long-term, or repeated usage of occipital nerve blocks are not effective. Therefore, the request is not certified.

Prolonged office service and trigger point injections ten (10) times for the cervical spine on date of service 8/26/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26 of 127.

Decision rationale: As noted on page 26 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are typically not recommended for tension type headaches, migraine headaches, chronic neck pain, and/or myofascial pain syndrome, all of which appear to be present here. Thus, the applicant does not seemingly have a diagnosis for which usage of trigger point injections is indicated. As with the occipital nerve blocks, there is no indication or evidence that the applicant effected any lasting benefit or functional improvement through prior trigger point injections. The applicant's work status and work restriction were static and unchanged form visit and visit. The applicant has failed to diminish any reliance on medical treatment. The applicant remains highly reliant on various analgesic medications, injections, etc., all of which argues against functional improvement as defined in Section 9792.20f. Therefore, the request is likewise not certified.