

Case Number:	CM13-0035957		
Date Assigned:	01/10/2014	Date of Injury:	04/07/2002
Decision Date:	08/08/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/18/2013

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 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 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 injured worker is a 57-year-old with work related injuries on April 7, 2002. The mechanism of injury and current work status are unknown. On September 19, 2013, the treating physician noted that the injured worker is complaining of right greater than left occipital neuralgia in addition to migraine with aura. She was continued on Fioricet without codeine three times a day as needed. Restoril was increased for insomnia from fifteen to thirty at bed time. The physician discontinued Dilaudid which the injured worker feels was contributing to her insomnia. The injured worker was encouraged to go back to Neurontin which was helping control headaches previously. On exam, Gillette's sign was positive bilaterally. Her triceps reflex was absent bilaterally. She was diagnosed with failed back surgery syndrome, sacroiliac joint dysfunction pain, cervicgia, cervical radiculopathy and post laminectomy syndrome, chronic insomnia, right greater than left occipital neuralgia, migraine headache. Her prescriptions were Restoril 30mg, 1 tablet at bed time, quantity: 30 and Fioricet without codeine, 1 tablet three times daily as needed for headache, quantity: 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 30mg tablets, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24,66.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines,, Benzodiazepines are a major cause of overdose, particularly as they can interact with other drugs. Tolerance occurs within months and long-term use may actually increase anxiety. The use is limited to 4 weeks per guidelines. Benzodiazepines are not recommended for long-term use because long-term effectiveness is not proven and there is a risk of psychological and physical dependence or frank addiction. The medical records do not provide a clinical rationale that establishes the necessity for a medication not recommended under the evidence-based guidelines. Furthermore, there is no documentation of sleep hygiene which is essential in the management of insomnia. There is no documentation of effectiveness with the injured worker's prior use of this medication. Thus, the request for Restoril 30mg tablets, thirty count, is not medically necessary or appropriate.

Fioricet without Codeine, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BARBITURATE-CONTAINING ANALGESICS Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Barbiturates are not recommended for chronic headaches as there is high potential for drug dependence. There is also risk of medication overuse and rebound headaches. Furthermore, there is no documentation of any significant reduction in pain or functional improvement in this case with prior use. Therefore, the request for Fioricet without Codeine, ninety count, is not medically necessary or appropriate.

Three right occipital nerve blocks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BLOCKS FOR FACET NERVE PAIN.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Greater occipital nerve block (GONB).

Decision rationale: MTUS guidelines do not address the issue. According to the ODG guidelines, greater occipital nerve blocks are under study and there is limited evidence that occipital nerve blocks sustain relief of headaches. There is lack of evidence-based studies to support this procedure. Therefore, the request for three right occipital nerve blocks is not medically necessary or appropriate.