

<b>Case Number:</b>	CM13-0048747		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/18/2011
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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 neck pain, low back pain, and migraine headaches associated with an industrial injury sustained on October 18, 2011. The applicant has multifocal pain complaints secondary to cumulative trauma at work. The applicant also has derivative depression, insomnia, and anxiety. In a mental health progress note from October 14, 2013, the applicant states that her depression, pain, and sleep have improved. She is still having migraines, back pain, and neck pain. She sometimes has anxiety, panic attacks, depression, and insomnia. She has returned to regular duty work, it is stated, but does have intermittent flare-ups which cause her to miss work intermittently. She exhibits a blunt and restricted affect at times and is also anxious at other times. The applicant has apparently returned to regular work. In a clinical progress note from October 14, 2013, the applicant is described as having persistent issues with migraines and low back pain. The applicant states that an earlier cervical epidural steroid injection resulted in greater than 50% pain relief. The applicant is on Norco, Ambien, Zoloft, and Relafen. She is having a migraine and is slightly distressed. She is given four trigger point injections in the clinic setting to treat taut bands about the bilateral latissimus dorsi muscles. She is also described as having decreased lumbar range of motion with radiation of pain into the bilateral lower extremities, positive straight leg raising, and sensory deficits about the L4-L5 dermatomes bilaterally. The applicant has returned to regular work and again states that the cervical epidural injection was successful. In an earlier note of September 24, 2013, the applicant is described as reporting heightened low back pain while performing house work. She states that she had 50% pain relief from a lumbar epidural steroid injection performed in July 2013, lasting up until the present time. The applicant would like to obtain repeat greater occipital nerve blocks for migraine headaches and states that the earlier occipital nerve blocks were successful. The

applicant is still on Norco, Ambien, Zoloft, Relafen, and Valium. It is again reiterated that the applicant has sensory deficits about the lower extremities at the L4-L5 dermatomes and has positive straight leg raising bilaterally. A repeat lumbar epidural steroid injection is sought. It is stated that the applicant continues to work full-time. The applicant undergoes greater occipital nerve blocks in the clinic setting and apparently experienced appropriate analgesia through the same. Multiple progress notes interspersed throughout late 2013 do suggest that the applicant is maintaining return to work status. A June 3, 2013 progress note is notable for comments that the applicant had an earlier epidural injection in March 2013. The applicant had a lumbar MRI notable for disk bulge at L4-L5 with annular fissuring and a disk protrusion at L5-S1 which was tiny and without impingement.

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

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

#### **NORCO 10/325 MG, #120: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**Decision rationale:** As noted in 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 reduced pain achieved as a result of the same. In this case, the applicant has in fact successfully achieved and/or maintained return to work status with ongoing Norco therapy. Several progress notes interspersed throughout 2013 state that the applicant is deriving appropriate analgesia with ongoing medication usage, including ongoing Norco usage. Therefore, the original utilization review decision is overturned. The request for Norco is certified.

#### **REPEAT LUMBAR EPIDURAL STEROID INJECTION (LESI): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**Decision rationale:** While the MTUS Chronic Pain Medical Treatment Guidelines support up to two diagnostic epidural steroid injections, this applicant has had two earlier lumbar epidural steroid injections during the diagnostic phase of the injury, in March and July 2013. The applicant is now in the therapeutic phase of injection therapy. As further noted in the MTUS Chronic Pain Medical Treatment Guidelines, there must be unequivocal evidence of radiculopathy to justify continued injections in the therapeutic phase of an injury. The applicant has already had the two earlier diagnostic injections. She does not have any objective evidence of

radiculopathy. The lumbar MRI has been largely negative. Given the multiplicity of the applicant's complaints including neck pain, headaches, insomnia, depression, anxiety, etc., the diagnosis of lumbar radiculopathy is in question. Epidural steroid injection therapy is not indicated in this context. Therefore, the request is not certified.

**FLUOROSCOPY:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**MONITORED SEDATION:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary

**AMBIEN 5 MG, #30:** Overturned

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

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

**Decision rationale:** The MTUS did not address the topic. As noted in the Official Disability Guidelines, Ambien is indicated in the short-term management of insomnia, typically on the order of two to six weeks. It is not indicated for the chronic, long-term, and/or scheduled use for which it is being proposed here. Accordingly, the request is not certified.

**GREATER OCCIPITAL NERVE BLOCK, THERAPEUTIC (GONB) B RT>IT (WITH 3 CC 1% LIDOCAINE) INTO TENDER OCCIPUT:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Local Anesthetic Injection section..

**Decision rationale:** The MTUS does not address the topic. While the 3rd Edition ACOEM guidelines support a limited role for occipital nerve blocks in the diagnosis of occipital neuralgia, they do not support repeated injections into the greater occiput, or other repeated local injections as there are no quality studies which demonstrate the repeated injections are an effective tool in the long-term management of chronic localized pain, as is present here. In this case, the injection in question appeared to represent the second or third greater occipital nerve block. It did not appear that the applicant achieved any lasting pain relief as a result of the prior greater occipital nerve blocks. Therefore, the request is not certified.

**4 TRIGGER POINT INJECTIONS (6CC0.25% MARCAINE) IN BILATERAL LATISSIMUS DORSAL MUSCLES: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

**Decision rationale:** As noted in the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are recommended only for myofascial pain syndrome, with limited lasting value. Trigger point injections are specifically not recommended for radicular pain. In this case, the applicant has a host of pain complaints, including headaches, neck pain, anxiety-induced pain, depression-induced pain, lumbar radicular pain, cervical radicular pain, etc. There is not clear evidence of myofascial pain for which trigger point injections would have been indicated. Furthermore, per the MTUS Chronic Pain Medical Treatment Guidelines, the applicant's ongoing radicular complaints are a relative contraindication to pursuit of trigger point injection therapy. Therefore, the request is likewise not certified.