

Case Number:	CM13-0061988		
Date Assigned:	12/30/2013	Date of Injury:	07/10/2007
Decision Date:	03/25/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/05/2013

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 Orthopedic Surgery, 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:

This is a 60-year-old male. Date of injury is documented as 7/10/2007. On 9/13/13, the patient has received diagnostic left C2-3 and C3-4 facet injections. An exam on 9/26/13 demonstrated worsening pain worsened the next day following lesser nerve blocks on 8/14/13. Pain reached pre-injection levels following 9/26/13 injections. On 10/24/13, exam demonstrates complaint of suboccipital headache with antalgic gait and ambulation with cane. The provider is requesting for prescription for Opana , Norco, 1 confirmatory left 3rd occipital nerve and C3-4 branch blocks, and 1 urinalysis drug screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription for Opana ER 10mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 6), section Pain Suffering Restoring Function

Decision rationale: Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. The patient has been on chronic opioids without functional

improvement. In addition there is no evidence of appropriate following of guidelines above to warrant medical necessity. Therefore the determination is for non certification.

Prospective request for 1 prescription for Norco 10/325mg, #120: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 6), section Pain Suffering Restoring Function

Decision rationale: Based upon the records reviewed there is insufficient evidence to support chronic use of Norco. The patient has been on chronic opioids without functional improvement. In addition there is no evidence of appropriate following of guidelines above to warrant medical necessity. Therefore the determination is for non certification.

Prospective request for 1 confirmatory left 3rd occipital nerve and C3-C4 medial branch blocks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The guideline criteria has not been met as the patient has not responded to prior facet injections in the past with success. Therefore determination is for non-certification.