

<b>Case Number:</b>	CM13-0072407		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	10/06/2004
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 patient is an employee of [REDACTED] and has submitted a claim for posttraumatic headaches, occipital neuralgia, chronic myofascial pain syndrome, and peripheral sensory motor neuropathy, diabetic associated with an industrial injury date of October 6, 2004. Treatment to date has included removal of right eye, trigger point injections, home exercise program, physical therapy, and medications such as Norco, Anaprox, and Percocet. Medical records from 2012 to 2013 were reviewed showing that patient complained of worsening headaches; upper and lower back pain, graded 7/10 in severity, relieved with intake of medications. He likewise had constant pain in his right eye. This resulted to difficulties in concentrating and social interacting. He likewise complained of sleeping difficulties. He remained depressed and anxious. Physical examination showed that the patient has a prosthetic right eye. He appeared depressed. Range of motion of the cervical, thoracic, and lumbar spine was restricted on all planes. There were multiple myofascial trigger points from the cervical up to the gluteal area. He ambulated with a cane. He could not perform heel-to-toe gait with his right leg. Right ankle dorsiflexors and plantarflexors were graded 4/5. Ankle jerk was absent on the right. Sensation was diminished at the dorsum of right foot. Utilization review from December 23, 2013 denied the requests for urine drug screen because there was no indication of abuse; aquatic therapy at a gym or [REDACTED] due to lack of documentation on patient's inability to tolerate land-based therapy; retrospective left occipital nerve block; and retrospective right occipital nerve block because of little evidence that it provides sustained relief. Both requests for Percocet 10/325 mg, #200 and Norco 10/325, #200 was modified into #100 due to lack of documentation on close monitoring, including a pain contract.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PERCOCET 10/325 MG QTY 200.00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 78.

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been on opioids since 2012. The most recent progress reports cited that patient reported greater than 50% pain relief, with noted improvement in daily activities associated with opioid use. There is likewise no documented abuse or diversion, and monitoring through urine drug screen is being done on a periodic basis. The guideline criteria have been met. Therefore, the request for Percocet 10/325 mg QTY 200.00 is medically necessary.

**NORCO 10/325MG QTY 200.00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 78.

**Decision rationale:** As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient has been on opioids since 2012. The most recent progress reports cited that patient reported greater than 50% pain relief, with noted improvement in daily activities associated with opioid use. There is likewise no documented abuse or diversion, and monitoring through urine drug screen is being done on a periodic basis. The guideline criteria have been met. Therefore, the request for Norco 10/325mg QTY 200.00 is medically necessary.

**URINE DRUG SCREEN QTY:1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95.

**MAXIMUS guideline:** Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Opioids.

**Decision rationale:** As stated in CA MTUS ACOEM Guidelines for the Chronic Use of Opioids, routine use of urine drug screening for patients on chronic opioids is recommended as there is evidence that it can identify aberrant opioid use. It is indicated for all patients on chronic opioid use for chronic pain. Screening is recommended randomly at least twice and up to 4 times a year. In this case, the patient had urine drug screens on September 20, 2013 and November 13, 2013 revealing consistent results with the prescribed medications. Moreover, medical records submitted and reviewed indicate that patient had no documented abuse, diversion, or use of illicit drugs. There is no indication for a more frequent drug monitoring in this case. Therefore, the request urine drug screen, Qty 1 is not medically necessary.

**AQUATIC THERAPY AT A GYM OR [REDACTED] QTY:1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24 Page(s): 2,22-23.

**Decision rationale:** As stated on pages 22-23 of the California MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an alternative to land-based physical therapy where reduced weight bearing is desirable such as extreme obesity or fractures of the lower extremity. In this case, there is no evidence that the patient is obese or has fractures that may warrant water-based therapy. Moreover, there is no indication why the employee could not participate in a land-based program at present when he previously attended physical therapy sessions. Therefore, the request for aquatic therapy at a gym or [REDACTED] QTY:1.00 is not medically necessary.

**(RETRO DOS 11/06/13) LEFT OPTICAL NERVE BLOCK QTY:1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, (ODG) Official Disability Guidelines -Treatment For Workers' Compensation (TWC), 5th Edition, 2007, Neck and Upper Back (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Greater Occipital Nerve Block, Therapeutic.

**Decision rationale:** CA MTUS does not specifically address occipital nerve blocks. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that greater occipital nerve injection is under study for treatment of occipital neuralgia and cervicogenic headaches and there is little evidence that the block provides

sustained relief. In addition, the mechanism of action is not understood, nor is there a gold-standard methodology for injection delivery. In this case, patient has a diagnosed case of posttraumatic headaches and occipital neuralgia. He previously underwent bilateral occipital nerve blocks in 05/22/2013, however, there is no documentation of pain relief or functional gains derived from it. Moreover, there is no discussion regarding the indication for this procedure, despite guidelines stating that its therapeutic effects are still investigational. There is no clear indication for a repeat occipital nerve block; therefore, the request for (RETRO DOS 11/06/13) left occipital nerve block QTY:1.00 is not medically necessary.

**(RETRO DOS 11/06/13) RIGHT OPTICAL NERVE BLOCK QTY:1.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, (ODG) Official Disability Guidelines -Treatment For Workers' Compensation (TWC), 5th Edition, 2007, Neck and Upper Back (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck Chapter, Greater Occipital Nerve Block, Therapeutic.

**Decision rationale:** CA MTUS does not specifically address occipital nerve blocks. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that greater occipital nerve injection is under study for treatment of occipital neuralgia and cervicogenic headaches and there is little evidence that the block provides sustained relief. In addition, the mechanism of action is not understood, nor is there a gold-standard methodology for injection delivery. In this case, patient has a diagnosed case of posttraumatic headaches and occipital neuralgia. He previously underwent bilateral occipital nerve blocks in 05/22/2013, however there is no documentation of pain relief or functional gains derived from it. Moreover, there is no discussion regarding the indication for this procedure, despite guidelines stating that its therapeutic effects are still investigational. There is no clear indication for a repeat occipital nerve block; therefore, the request for (RETRO DOS 11/06/13) right occipital nerve block QTY:1.00 is not medically necessary.