

Case Number:	CM14-0102894		
Date Assigned:	07/30/2014	Date of Injury:	05/22/2012
Decision Date:	08/29/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/03/2014

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 Pain Management 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 49-year-old male with date of injury on 5/22/12. The mechanism of injury is unknown. He presents with back, coccyx pain, and headaches. His back pain radiated into both of his legs. The pain from his shoulder radiates down to left elbow. He has been diagnosed with lumbar disc disease. He has received ganglion impar block with mild improvement in tailbone pain. A magnetic resonance imaging scan of the lumbosacral spine has showed L4-5 and L5-S1 disc protrusion. Magnetic resonance imaging scan of the cervical spine has showed C3-4, C4-5, and C5-6 disc protrusion. On exam, cervical range of motion was restricted. Muscle spasm at cervical paraspinal and upper trapezius was noted. Muscle strength was 5/5 in bilateral upper extremities. Diagnostic impression was L4-5 and L5-S1 annular disc tears with bilateral leg radiating symptoms, coccydynia, postconcussion injury with residual headache and history of minimal displaced occipital fracture, status post bilateral shoulder arthroscopic surgery and hypertension. The plan was for L5-S1 epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided bilateral Greater Occipital Nerve Blocks: 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), (<http://www.odg-twc.com/odgtwc/head.htm>).

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

Decision rationale: Per Official Disability Guidelines, occipital nerve block is under study for use in treatment of primary headaches. Studies on the use of greater occipital nerve block for treatment of migraine and cluster headaches show conflicting results, and when positive, have found response limited to a short-term duration. The mechanism of action is not understood, nor is there a standardized method of the use of this modality for treatment of primary headaches. A recent study has shown that greater occipital nerve block is not effective for treatment of chronic tension headache. The block may have a role in differentiating between cervicogenic headaches, migraine headaches, and tension-headaches. Furthermore, the use of ultrasonic guidance for occipital nerve block is not supported in clinical based practice. Therefore, the Ultrasound guided bilateral Greater Occipital Nerve Blocks is not medically necessary.

Ultram ER 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 84, 113.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. The California Chronic Pain Medical Treatment Guidelines indicate four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The guidelines state opioids may be continued: (a) if the patient has returned to work and (b) if the patient has improved functioning and pain. Chronic use of opioids is not generally supported by the medical literature. In this case, the injured worker has been taking this medication on chronic basis. There is no documentation of any significant improvement in pain or function with prior use. The medical records have not demonstrated the requirements for continued opioid therapy have been met. Therefore, Ultram ER 150mg #30 is not medically necessary.

Voltaren XR 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects; NSAIDs, hypertension and renal function Page(s): 71; 69.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, a Cochrane review of the literature on drug relief for low back pain suggested that non-steroidal anti-inflammatory drugs were no more effective than other drugs such as acetaminophen. The review also found that non-steroidal anti-inflammatory drugs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In hypertensive patients all non-steroidal anti-inflammatory drugs have the potential to raise blood pressure in susceptible patients. The greatest risk appears to occur in patients taking the following anti-hypertensive therapy: angiotensin-converting enzyme inhibitors; angiotensin receptor blockers; betablockers; or diuretics. In addition congestive heart failure may develop due to fluid retention. Voltaren extended release is extended release Diclofenac which should only be used as chronic maintenance therapy. In this case, there is no documentation of any significant pain relief or improvement in function with prior use of this medication. Furthermore, the effect of this non-steroidal anti-inflammatory drug on hypertension is unclear in this injured worker. In the absence of any significant documented improvement of pain and function, therefore, the Voltaren XR 100mg #60 is not medically necessary.