

Case Number:	CM14-0186169		
Date Assigned:	11/14/2014	Date of Injury:	04/24/2002
Decision Date:	12/23/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/07/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 presents with a work-related injury on April 24, 2002. The patient complained of pain in the right ring and little fingers, with pain up to the right arm, right shoulder and right side of the neck, face and head. The patient also complained of frequent facial and cranial headache, low back pain with radiation to the right buttock, leg and heel, and left leg, right greater than left, mid and upper back pain, pain in the left hand and wrist, present intermittently, with pain radiation to the left forearm. The physical exam was significant for antalgic gait, cervical compression increases right paracervical pain, axial/shoulder compression increases cervical pain right side, facial tenderness, sensitivity to flight attach of the skin over the right upper extremity, reduced range of motion of shoulder abduction and abduction, the appearance of the skin of the dorsum of the right fingers are different than that of the left, extensor creases are less defined, the skin is more listening and appears to lack of much that continues issue as that of the left, here distribution is somewhat less than noted on a normal left upper extremity, the right fingertips for moist where the left and the center drive, consistent with a sympathetic nerve disturbance, inability to perform feeling fine due to pain, lumbar spine tenderness, and reduce range of motion of the lumbar spine. X-ray of the cervical spine showed slight disc space narrowing posteriorly at C67, A-P views of the hands revealed decreased calcification about the right metacarpal and phalanges compared to that on the left. Lumbar spine x-ray showed decreased motion of the L5 to S1 level and L4 to L5 level, and moderate flattening of the lumbar lordosis. The patient was diagnosed with reflex sympathetic dystrophy or regional pain syndrome of the right upper extremity, secondary hand contusion and fracture of April 24, 2002; residual of left carpal tunnel syndrome and median nerve. Patient treated by decompression 2004; low back strain with underlying degenerative disc disease, transparent of regional pain syndrome to the low back and right lower extremity; transfer of regional pain syndrome the left upper extremity;

headaches and occipital nerve irritation, right-sided, associated with regional pain syndrome; depression and anxiety to be described by evaluating psychiatrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Dilaudid 4mg #70: 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 Opioids Page(s): 79.

Decision rationale: Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant continued to report pain. The claimant has long-term use with opioid medication and there was a lack of improved function; therefore the request for 1 Prescription for Dilaudid 4mg #70 is not medically necessary.

1 Right greater and Lesser Occipital Nerve Blocks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head and Neck Pain, Treatment Consideration.

Decision rationale: The official disability guidelines state that greater occipital nerve blocks are under study for the use of treatment of primary headaches. The ODG also states that the use of greater occipital nerve blocks for the treatment of migraines show conflicting results. Additionally, the ODG states that there is little evidence that the block provides sustained relief, and if employed, it is best used with concomitant therapy modulations. The claimant's headaches seem consistent with migraines and per ODG, occipital nerve blocks for migraines are investigational. Additionally, there was no additional recommendation made for concomitant therapy modulation; therefore, the request for 1 Right greater and Lesser Occipital Nerve Blocks is not medically necessary.