

<b>Case Number:</b>	CM14-0039348		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	10/21/2003
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 55-year-old male who reported an injury on 10/21/2003. The mechanism of injury reportedly occurred when furniture hit him in the head. The diagnoses included cervical post laminectomy syndrome. Prior therapies included psychiatric care, physical therapy, TENS unit, medications, and surgery. The diagnostic studies included a CT scan of the cervical spine. Surgical history included a fusion at C3-4. Per the 03/24/2014 clinical note, the injured worker reported neck pain with associated numbness and weakness. The musculoskeletal examination noted loss of cervical lordosis and cervical scars. The current medications included morphine 30 mg, MS Contin 30 mg, Cymbalta 60 mg, Mobic 15 mg, and Amrix 30 mg. The injured worker received a refill of morphine 30 mg and was recommended for a right occipital nerve block. The rationale was not provided. The request for authorization for a right occipital nerve block was submitted 03/25/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 occipital nerve block under ultrasound: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Greater occipital nerve block, diagnostic; Greater occipital nerve block, therapeutic; Official Disability Guidelines, Neck and Upper back.

**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, therapeutic.

**Decision rationale:** The request for a occipital nerve block under ultrasound is not medically necessary. The ODG state greater occipital nerve blocks are under study for treatment of occipital neuralgia and cervicogenic headaches. There is little evidence that the block provides sustained relief, and if employed, is best used with concomitant therapy modulations. The medical records provided indicate the injured worker was experiencing ongoing neck pain with numbness and weakness. The rationale for the request was not provided. There is no indication of occipital neuralgia or cervicogenic headaches. Nonetheless, the guidelines state the use of occipital nerve blocks is under study and there is little evidence that the block provides sustained relief. Based on this information, the request is not supported. As such, the request is not medically necessary.

**1 prescription of Morphine 30mg #150:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Morphine sulfate;Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, page(s) 76-80; Opioids, dosing, page(s) 86-87 Page(s): 76-80; 86-87.

**Decision rationale:** The request for a prescription of Morphine 30 mg #150 is not medically necessary. The CA MTUS Guidelines state opioid management should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The medical records provided indicate an ongoing prescription for morphine since at least 11/02/2011. The injured worker reported using 4 to 5 morphine tablets a day, but admitted he was chasing his pain. It was noted a urine drug screen collected on 10/16/2013 was consistent. There is a lack of documentation regarding significant pain relief, objective functional improvements, and side effects. In addition, the guidelines recommend that opioid dosing not exceed 120 mg oral morphine equivalents per day. The injured worker's 4 tablets a day of morphine 30 mg combined with his use of MS Contin 30 mg twice daily exceeds 120 oral morphine equivalents per day. Based on this information, continued use is not supported. As such, the request for a prescription of Morphine 30 mg #150 is not medically necessary.