

Case Number:	CM14-0040938		
Date Assigned:	06/27/2014	Date of Injury:	12/23/2006
Decision Date:	08/19/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/07/2014

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 Medicine and is licensed to practice in Texas. 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 38 year old male who had a work related injury on 12/23/06, while working as a security guard when a shooting occurred. The injured worker was shot three times. One of the bullets grazed the top of his head, taking a portion of the skull with the bullet. The injured worker was reported to have been in a coma for one week. The injured worker has no recollection of seizure activity following the accident. An electroencephalogram was normal. The injured worker has been on Keppra 500mg twice daily for seizure prophylaxis since the time of the injury. The injured worker reports associated symptoms of spasticity, quadriparesis, and deficits in short and long term memory. He is taking medications Lyrica 75mg every evening, and Topiramate 100mg every evening. The injured worker is on an intrathecal Baclofen infusion rate of 130mcg per day, with complete relief of the prior spasticity and increased muscle tone. A physical examination on 07/16/14, shows that head, eyes, ears, nose, throat/neck are normal. The chest/breasts/lungs are normal, and heart rate and rhythm are regular. The abdomen is soft and non-tender. An examination of the upper and lower extremities, shows no lateral or medial epicondylar tenderness was noted. The motor examination showed minimal 2/5 strength in the right upper extremity and 4/5 strength in the left upper extremity. Increased muscle tone and spasticity was noted in the right upper extremity. No increased muscle tone was noted in the bilateral lower extremities. No allodynia or dyesthesia was noted. No color, temperature, sweating, or trophic changes were present. The physical examination was unchanged from the prior examination with the exception of decreased right biceps and right triceps spasticity with rapid movement. The current diagnoses includes spastic quadriparesis, traumatic brain injury secondary to gunshot wound, status post implantation of intrathecal catheter and programmable infusion pump. Prior utilization review dated 03/14/14 for the prospective request for 1 prescription of Topiramate 100mg #60 was certified, the request for 1 occipital nerve block is

non-certified. The request for an unknown prescription of Topamax was non-certified. The prescription request for Meclizine 25mg is conditionally non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occipital nerve block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, neck and upper back (acute and chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head chapter, Greater occipital nerve block (GONB).

Decision rationale: The current evidence based guidelines do not support the request for an occipital nerve block. They are under study for use in treatment of primary headaches. Studies on the use of greater occipital nerve block (GONB) 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 the treatment of primary headaches. As such, the request is not medically necessary.