

Case Number:	CM14-0060448		
Date Assigned:	07/09/2014	Date of Injury:	08/24/2010
Decision Date:	09/11/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/01/2014

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 34 year old female injured on 08/24/10 due to an undisclosed mechanism of injury. Diagnoses include bulging lumbar disc and sciatica. Clinical note dated 05/20/14 indicates the injured worker complaining of occasional headaches as the prior week lasting only short duration. Injured worker reported continued benefit in reduction of migraines greater than 50% from prior greater occipital nerve block performed on 03/07/14. The injured worker also complained of left lower back pain with radiation to the left lateral thigh which began March of 2014. The injured worker reported 100% reduction of pain with previously performed lumbar epidural steroid injection on 02/20/14 lasting until recently. Physical examination revealed decreased range of motion of back due to pain, positive sensory deficits in L4-5 dermatomes in the left side. Documentation indicates the injured worker previously failed Cymbalta, Lyrica, tramadol, naproxen, ibuprofen, Norco and Percocet. The injured worker reported medication use provided relief from pain with no side effect and improvement in quality of life. The injured worker reported medication did not completely eliminate pain; however, it was helpful in negating pain. Medications included Prozac 1 tablet three times a day and Vimovo 500-20mg twice a day. The initial request for greater occipital nerve block quantity 4, retrospective request for greater occipital nerve block quantity 1 performed on 03/07/14, left lumbar epidural steroid injection (lumbar epidural steroid injection) at L4-5, and Nucynta 100mg quantity 90 was initially non-certified on 05/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Greater occipital nerve block, QTY: 4: 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>) and (<http://www.odg-twc.com/odgtwc/neck.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 (Acute & Chronic), Greater occipital nerve block, therapeutic.

Decision rationale: As noted in Official Disability Guidelines - Online version, 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. There is no indication of additional therapy modulations with greater occipital nerve block. Additionally, the documentation does not specify the length of time the injured worker received pain relief with the first greater occipital nerve block. As such, the request for Greater occipital nerve block, QTY: 4 cannot be recommended as medically necessary.

Retrospective request for greater occipital nerve block, QTY: 1, performed on 3/7/2014: 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), ODG (<http://www.odg-twc.com/odgtwc/head.htm>) and (<http://www.odg-twc.com/odgtwc/neck.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 (Acute & Chronic), Greater occipital nerve block, therapeutic.

Decision rationale: As noted in Official Disability Guidelines - Online version, 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. There is no indication of additional therapy modulations with greater occipital nerve block. Additionally, the documentation does not specify the length of time the injured worker received pain relief. As such, the Retrospective request for greater occipital nerve block, QTY: 1, performed on 3/7/2014 cannot be recommended as medically necessary.

Left LESI (Lumbar Epidural Steroid Injection) at L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), (http://www.odg-twc.com/odgtwc/low_back.htm) and AMA (American Medical Association) guides 5th edition , page 382-383.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: As noted on page 46 of the Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. There were no official imaging reports submitted for review. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. As such, the request for Left LESI (Lumbar Epidural Steroid Injection) at L4-L5 cannot be recommended as medically necessary.

Nucynta 100mg,, QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Nucynta 100mg, QTY: 90 cannot be established at this time.