

<b>Case Number:</b>	CM14-0069573		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	08/18/1983
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 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 58 year old male who sustained an injury on 08/18/83. No specific mechanism of injury was noted. The injured worker has been followed for a long history of cyclic migraine and cluster headaches recurring approximately every 10 days with associated nausea and vomiting. The injured worker has been followed by pain management and has been prescribed multiple medications to include Benztropine and Benadryl to counteract an intense reaction from Nubain. The injured worker has also utilized injectable Morphine as well as oral Zofran to address the nausea and vomiting associated with the headaches. The injured worker has had prior radiofrequency ablation procedures that had been effective as a long term solution for cyclic migraine headaches. The clinical report from 03/27/14 provided no specific physical examination findings. The injured worker was recommended to continue with Nubain and Zofran. Follow up on 04/21/14 indicated the injured worker was still pending radiofrequency ablation procedures for the neck and low back. The injured worker continued to utilize injectable Morphine as well as other narcotics for continuing migraines. No significant improvement in the injured worker's headaches or frequency of headaches was noted. No specific physical examination findings at this evaluation were noted. The requested radiofrequency ablation procedures twice yearly as needed as well as epidural steroid injections twice yearly as needed and Ondansetron 8mg, quantity 360 were all denied by utilization review on 04/24/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Radiofrequency Ablation twice yearly as needed: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Facet joint radiofrequency neurotomy under study.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Facet Rhizotomy.

**Decision rationale:** In regards to the request for radiofrequency ablation procedures, it appears that these have been performed in the past based on the clinical documentation submitted for review. Although these were reported to be effective in addressing the injured worker's migraine headaches, it is unclear how radiofrequency ablation procedures in the lumbar spine would affect migraine headaches in regards to intensity or frequency. It is unclear what specific functional benefit or pain reduction the injured worker had obtained with previous radiofrequency ablation procedures to support repeat procedures. Per guidelines, there should be at least 50% relief of symptoms with corresponding functional improvement and pain reduction to warrant continuing radiofrequency ablation procedures. As this is not clearly documented in the clinical reports, this request is not medically necessary.

**Epidural Steroid Injections twice yearly as needed: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** In regards to the request for epidural steroid injections twice yearly as needed, the clinical documentation submitted for review would not support this request as medically necessary. There is no clear evidence from physical examination findings of any ongoing radicular symptoms or objective evidence regarding cervical or lumbar radiculopathy that would support continuing epidural steroid injections. Per guidelines, there should be unequivocal evidence regarding lumbar or cervical radiculopathy to warrant epidural steroid injections. As this is not clearly evident in the clinical documentation, this request is not medically necessary.

**Ondansetron 8mg #360: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter, Antiemetics (for opioid nausea).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Anti-emetics.

**Decision rationale:** Although this injured worker would be considered an outlier to the standard indications for the use of this medication, the requested medication quantity would be considered excessive. It is noted in the prior utilization report that this request was modified to a quantity of 120 tablets. The request is not medically necessary.