MAXIMUS Federal Services

Case Number:	CM14-0085099		
Date Assigned:	07/23/2014	Date of Injury:	02/27/2014
Decision Date:	08/27/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/06/2014

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 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 37-year-old female with an original industrial injury on February 24, 2014. The patient was seen in the emergency room and had a lumbar puncture as part of a standard diagnostic workup for headache. Following this lumbar puncture, she exhibited significant headache and nausea and the requesting provider felt that her symptoms were consistent with a dural puncture headache. She presented to the requesting provider approximately 6 days following the lumbar puncture. A lumbar epidural blood patch is the disputed request. The rationale for the denial according to the utilization reviewer was that the patient had documentation of previous ongoing nausea and dizziness, and the worsening of symptoms may not be correlated. Furthermore, conservative care consisting of bed rest, oral hydration, and all caffeine had not been documented. 2 other disputed issues are requests for Cafergot and ondansetron.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Patch # 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: Van Kooten F et al. "Epidural blood patch in post dural puncture headache: a randomized, observer blind, controlled clinical trial.".

Decision rationale: In the case of a lumbar epidural blood patch, the California Medical Treatment and Utilization Schedule do not have specific provisions for this. However, in this clinical scenario, the injured worker presented with exacerbation of headache following a lumbar puncture performed approximately 6 days prior to a clinic visit. This was documented in an encounter on date of service May 16th 2014. Randomized trials demonstrate the efficacy of lumbar blood patches in resolving posterior puncture headache. There are no specific rules regarding the timeline of blood patch intervention. In fact, these studies on this subject often do not provide specific guidelines, and this is a decision to be made between the patient and requesting provider. Given this clinical scenario, the request for blood patch is medically necessary.

Cafergot 1/100 mg # 30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Uptodate Online, Treatment of Post Dural Puncture Headache.

Decision rationale: The injured worker presented to the requesting provider with symptoms consistent with dural puncture headache. Although not specifically described in the California Medical Treatment and Utilization Schedule, Cafergot contains caffeine which is appropriate for the management of post dural puncture headache. The caffeine component is believed to facilitate resolution of headache symptoms. However, the ergotamine component of Cafergot is not medically indicated in post-dural puncture headaches. The request is not medically necessary.

Ondansetron 4 mg # 20 with 1 refill: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:Uptodate Online, Treatment of Post Dural Puncture Headache.

Decision rationale: The injured worker presented to the requesting provider on May 16, 2014 with symptoms consistent with dural puncture headache. Although not specifically described in the California Medical Treatment and Utilization Schedule, ondansetron is a anti-nausea medication which is appropriate to address the nausea associated with a post dural puncture headache. Admittedly, this is off label use as this drug was approved for chemotherapy induced nausea. However, off label usage of prescription medication is routine and standard of care in

fact in many clinical scenarios. The management of post dural puncture headache include symptomatic managements of associated nausea, combined with bed rest and adequate hydration. This request is medically necessary.