

Case Number:	CM14-0186423		
Date Assigned:	11/14/2014	Date of Injury:	08/20/2009
Decision Date:	01/05/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/10/2014

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 Internal 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:

This case involves a 50-year-old female who sustained an injury on 08/20/2009. The mechanism and results of injury was not provided in the medical records provided for review. The current diagnoses include spasm of the cervical paraspinal muscle, headache, and cervicgia. Past diagnoses include status post anterior fusion at C5-6 and C6-7 and lumbar strain. Treatment includes Baclofen once a day, Fioricet, and trigger point injections. An MRI of the cervical spine dated 06/21/2013 showed a small posterior central disc bulges at T2-3 and T3-4, a central annular tear at T2-3, and no significant foraminal stenosis or nerve root impingement. The progress report (PR-2) dated 10/06/2014 indicated that the neck pain had improved, and was rated 3 out of 10. In addition, the injured worker complained of headaches on and off. It was noted that the injured worker did not have significant pain improvement with the Fioricet. Objective findings included tender to palpation on the midline and paraspinal area of the cervical spine; tender points on the top trapezius muscle on both sides; normal range of motion of the cervical spine; positive facet loading test on the right cervical spine; normal motor of the upper extremities; and symmetric deep tendon reflexes. A trigger point injection was performed at the bilateral cervical paraspinal muscles and trapezius muscles. On 10/17/2014, Utilization Review (UR) modified the request for additional visits, Elavil 25mg, Baclofen 10mg, and Anaprox 550mg. The UR non-certified the request for occipital nerve block on the left. The UR physician noted that the injured worker's persistent complaints established medical necessity for one (1) follow-up visit; the injured worker's spasticity and ongoing pain, established the medical necessity for Baclofen 10mg #30; documentation of chronic pain and neuropathic pain established medical necessity for Elavil 25mg #30; and the medical records provided evidence of the need for non-steroidal anti-inflammatory drugs (NSAIDs) for pain and inflammation, so modified approval was provided for Anaprox 550mg #60. The UR physician also noted that the

Official Disability Guidelines (ODG) indicate that there is little evidence that a nerve block provides sustained relief in the treatment of occipital neuralgia and cervicogenic headaches. Therefore, the request for occipital nerve block on the left was found not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Office Visits

Decision rationale: Pursuant to the Official Disability Guidelines (ODG), additional visits are not medically necessary. Office visits are recommended as determined to be medically necessary. Evaluation and management outpatient visits to the offices of medical doctors play a critical role in proper diagnosis and return to function and should be encouraged. The need for an office visit is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. In this case, the medical record contains documentation from two emergency room visits in addition to visits from the primary care physician. The diagnoses were spasms muscles and cervicalgia. The subjective complaints include improved neck area three out of 10 and headaches on and off. Baclofen was increased to 10 mg b.i.d. for three days but stopped. Baclofen with them is being taken one a day. There is a notation in the medical record about concern for a TIA. The patient was not referred to the emergency room but told to go to the emergency room if the episode happens again. The assessment was cervical paraspinal muscle spasm, cervicalgia, occipital neuralgia left side, headache and insomnia. There is no clinical rationale for additional follow-up visits. There is no therapeutic plan in place and consequently, additional follow-up visits are not medically necessary. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, this request is not medically necessary.

Elavil 25 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclic Page(s): 13,17. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Tricyclics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG), Elavil 25 mg is not medically necessary. Elavil is a tri-cyclic antidepressant. Tricyclics are recommended as a first line agent unless they are ineffective,

poorly tolerated or contraindicated. In this case, a review of the medical record did not contain a discussion or clinical indication for the use of Elavil. Consequently, absent the appropriate documentation for the use of Elavil, this request is not medically necessary.

Baclofen 10 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Muscle Relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG), baclofen 10 mg is not medically necessary. Baclofen is muscle relaxants which are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the injured worker had diagnosis of cervical paraspinal muscle spasm, cervicgia, occipital morale jump, headache and insomnia. There was no back pain in the list of diagnoses. Additionally, baclofen has been in use for an unknown period of time. According to the progress note from October 5, 2014 the baclofen was increased to 10 mg PO PID for three days, stopped and reduced to once per day. The reasoning is not present in the medical record. Baclofen is a short-term muscle relaxant (less than two weeks) for the treatment of back pain. There is no clinical indication for the continued use of baclofen in the absence of appropriate signs and symptoms. In addition, there is unknown length of time the injured worker has been utilizing baclofen. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, this request is not medically necessary.

Anaprox 550 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, NSAIDs

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG), Anaprox 550 mg is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. In this case, the injured worker is taking Anaprox for an unknown period of time. The progress note dated October 5, 2014 does not mention Anaprox 550 mg in the subjective or objective in the medication section of the progress note. The documentation does not contain any clinical indication or clinical rationale for Anaprox. Additionally, the frequency and amount of the Anaprox request is missing from the medical

record. Based on the clinical information and the peer-reviewed evidence-based guidelines, Anaprox 550 mg is not medically necessary.

Occipital Nerve block on left: 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Section, Occipital Nerve Block.

Decision rationale: Pursuant to the Official Disability Guidelines (ODG), occipital nerve block is not medically necessary. Both diagnostic and therapeutic greater occipital nerve blocks are under study. There is little evidence that the block provides sustained relief, and if employed, is best used with concomitant therapy modulations. In this case, the progress note dated October 5, 2014 does not discuss occipital nerve blocks. There is no clinical rationale or indication in the medical record for occipital nerve blocks or what physician was to perform the nerve block. The clinical diagnoses are cervical paraspinal muscle spasm, cervicgia, occipital neuralgia, headaches and insomnia. The evidence base literature states greater occipital nerve blocks are under study. Based on the clinical information in the medical record and peer-reviewed evidence-based guidelines, occipital nerve block is not medically necessary.