

Case Number:	CM14-0195911		
Date Assigned:	12/03/2014	Date of Injury:	08/31/2012
Decision Date:	02/03/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/21/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, shoulder pain, and posttraumatic headaches reportedly associated with an industrial injury of August 31, 2012. In a Utilization Review Report dated November 7, 2014, the claims administrator denied ultrasound-guided trigger point injections, denied an ultrasound-guided greater occipital nerve block, and approved a pain psychology consultation and testing. The claims administrator stated that its decision was based on RFA form and progress notes of October 24, 2014, August 20, 2014, June 4, 2014, and August 22, 2013. The applicant's attorney subsequently appealed. In a Medical-legal Evaluation dated April 2, 2014, the applicant reported ongoing complaints of neck pain, shoulder pain, headaches, and insomnia. The applicant did have comorbid hypertension and diabetes, it was acknowledged. The medical-legal evaluator stated that all periods of total temporary and temporary partial disability were appropriate. The medical-legal evaluator, thus, in a fact, advocated the applicant's remaining off of work. The medical-legal evaluator stated that the applicant had been laid off/terminated by his former employer and last worked in 2013. On April 9, 2014, the applicant reported ongoing complaints of posttraumatic headaches. Neuropsychological evaluation was sought. The applicant received cryoablation procedure of the bilateral occipital nerves in the clinic setting. The attending provider stated that the greater occipital nerves were visualized under ultrasound guidance on this occasion. The applicant presented with complaints of headaches, neck pain, and paracervical musculature pain. The applicant's work status was not furnished on this occasion. On April 9, 2014, the applicant seemingly received ultrasound-guided greater occipital nerve blocks in the clinic. The procedure was not specific and did not clearly identify whether trigger point injections were also performed. The applicant was given refills of Protonix, Celebrex, Imitrex, and naproxen. On April 9, 2014, the applicant was given refills of Protonix,

Flexeril, Imitrex, naproxen, again without any explicit discussion of medication efficacy. In a June 4, 2014, office visit, the attending provider suggested that the applicant continue Fexmid, Imitrex, and naproxen medication. Prilosec was introduced while Protonix was discontinued. On August 20, 2014, the applicant again reported ongoing complaints of headaches, mood disturbance, cognitive dysfunction, and depression. The applicant did not appear to be working on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 5 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was/is using a variety of other agents, including Imitrex, naproxen, etc. Adding cyclobenzaprine or Flexeril to the mix is not recommended. The 90-tablet supply of cyclobenzaprine at issue, furthermore, represents treatment well in excess of the "short course of therapy" for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Ultrasound guided greater 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: Head Chapter, Occipital Nerve Block Official Disability Guidelines: Neck Chapter, Greater Occipital Nerve Block; Diagnostic & Therapeutic

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Functional Restoration Approach to Chronic Pain Management Page(s): 8. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Local Anesthetic Injections section

Decision rationale: The MTUS does not address the topic. While the Third Edition ACOEM Guidelines do acknowledge that local anesthetic injections such as the greater occipital nerve blocks at issue are "recommended" for diagnosing chronic pain, ACOEM qualifies its recommendation by noting that repeated injections rarely result in long-term resolution of complaints. ACOEM notes that there are no quality studies which demonstrate the effectiveness of repeat injections in the management of chronic localized pain. Here, the applicant has, in fact, had multiple sets of ultrasound-guided greater occipital nerve blocks, it has been acknowledged on several occasions referenced above, throughout 2014 alone. Page 8 of the MTUS Chronic

Pain Medical Treatment Guidelines does stipulate that there must be demonstration of functional improvements at various milestones in the treatment program in order to justify continued treatment. Here, however, there was/is no such demonstration of functional improvement. The applicant remains off of work. Although it is acknowledged that this may be a function of the applicant's mental health issues as opposed to the applicant's chronic pain issues alone. Nevertheless, the information on file does not establish any material benefits through multiple sets of greater occipital nerve blocks and/or trigger point injections. The applicant remains off of work. The applicant remains dependent on various and sundry analgesic and adjuvant medications, all of which, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite multiple sets of earlier greater occipital nerve blocks. Therefore, the request is not medically necessary.

Ultrasound guided trigger point injection bilateral cervical musculature: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, repeat trigger point injections are not recommended unless there is greater than 50% pain relief obtained for six weeks after an injection coupled with documented evidence of functional improvement. Here, the applicant is off of work. The applicant remains dependent on various and sundry analgesic medications, despite multiple prior trigger point injections and greater occipital nerve blocks over the course of the claim, all of which, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f with prior procedures. Therefore, the request is not medically necessary.

Prilosec 20 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; NSAIDs, GI Symptoms, and Cardiovascu.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Prilosec are indicated to combat issues with NSAID-induced dyspepsia, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, the attending provider did not clearly outline whether or not ongoing usage of Prilosec was or was not effective. The attending provider did not furnish any rationale for initial introduction of Prilosec in favor of previously prescribed Protonix. It was not clearly

stated for what purpose Prilosec was being employed, nor was it stated whether or not Prilosec was effective for its prescribed purpose. Therefore, the request is not medically necessary.