

Case Number:	CM14-0204100		
Date Assigned:	12/16/2014	Date of Injury:	06/22/2010
Decision Date:	02/25/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/05/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabn

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 underlying date of injury in this case is 06/22/2010. The date of the utilization review under appeal is 12/13/2014. Treating diagnoses include right greater occipital neuralgia, multilevel cervical degenerative disc protrusions including C6 and C7 foraminal narrowing, and a right rotator cuff injury. This patient was seen in treating physiatrist followup on 12/01/2014. At that time the patient reported that her pain was 9/10 without Norco and as low as 3/10 with Norco. The patient reported that Norco allowed her to be independent with all activities of daily living and to do a small amount of work. The patient was not noted to have any aberrant behavior and was noted to always have had urine toxicology screenings consistent with her medications. On exam the patient had cervical flexion of 50 degrees with left rotation to 30 degrees and right rotation to 30 degrees with pain and extension of 40 degrees with pain. The treating physician opined that the standard of medical care in the community was that greater occipital nerve blocks have been found to be highly effective in patients with occipital neuropathy and noted the patient had noted substantial long-term pain relief from previous occipital nerve blocks; therefore, the treating physician requested approval of this injection. The treating physician also noted the standard of care for urine toxicology screening is screening every 3 months. The treating physician also opined that it was not appropriate to make a medication change if a patient is using that medication and stable without adverse effects and if the medication was effective in treating the patient's medical conditions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occipital Nerve Block Bilateral: 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), Head, Greater Occipital Nerve Block.

Decision rationale: The California Medical Treatment Utilization Schedule does not specifically discuss greater occipital nerve blocks. Official Disability Guidelines/Treatment in Workers Compensation/Head does discuss the use of greater occipital nerve blocks, noting that this is under study for treatment of primary headaches and that studies show conflicting results, with responses typically related to short-term duration. The guidelines, thus, contain only weak evidence to support an indication for greater occipital nerve blocks and do not support ongoing use of this intervention in a chronic setting, particularly with subjective but not objective documentation of functional benefit. This request is not supported by the treatment guidelines. This request is not medically necessary.

Urine Toxicology Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Urine Drug Testing.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines discusses urine drug screening in very general terms, simply stating that drug testing is recommended as an option. The treating physician states that the standard of care in prescribing drug testing is to request such testing every 3 months. Additional guidance regarding drug testing can be found in Official Disability Guidelines/Treatment in Workers Compensation/Pain/Urine Drug Testing. This guideline recommends risk stratification of patients with regard to risk of aberrant behavior. This guideline recommends annual urine drug testing for patients with a low risk of aberrant behavior and would recommend testing every 3 months only in high-risk cases. The medical records in this case document a low risk for aberrant behavior based on the lack of past identified risk factors. The request for a urine drug screen at this time is not medically necessary.

Norco 10/325 MG #155: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids/ongoing management discusses the 4 A's of opioid management, emphasizing objective functional goals and objective functional benefits to support ongoing opioid use. The medical records in this case document largely subjective or non-verifiable benefits from opioids or document a very low level of function which would be anticipated without opioid use. Overall, the 4 A's of opioid management have not been met to support an increase in function sufficient to support continued Norco use. This request is not medically necessary.