MAXIMUS Federal Services

Case Number:	CM14-0208380		
Date Assigned:	12/22/2014	Date of Injury:	04/17/1998
Decision Date:	02/12/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/12/2014

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:

The injured worker (IW) is a 72-year-old man with a date of injury of July 17, 1998. The mechanism of injury occurred when the IW was run over by a forklift. He sustained multiple injuries, including the right ankle. The injured worker's working diagnoses are neck pain, postlaminectomy syndrome of cervical region; chronic pain due to trauma; facet arthropathy; backache; cervicalgia; and long term use of high risk medications.Pursuant to the Primary Treating Physician's Progress Report (PR-2) dated November 26, 2014, the IW complains of back pain. Severity is moderate to severe. Location of pain is upper back, middle back, lower back, gluteal area, and left shoulder. Pain radiates to the left ankle, left arm, left calf, left foot, and left thigh. Pain medications and rest relieve symptoms. There are no subjective neck pain or headaches. On physical examination, there was cervical pain with facet loading maneuvers. The remainder of the cervical spine examination was unremarkable. Current medications include Phenytoin Sodium 100mg, Lisinopril 10mg, Simvastatin 40mg, Terazosin 2mg, Lorazepam 1mg, Celebrex 200mg, Zolpidem 10mg, and Hydrocodone 5/325mg. The provider reports he emphasized to the IW the risk of pain medications, including opioid induced hyperalgesia and sudden death. The current guidelines and recommendations were discussed. The provider reports he will renew current medications and continue to periodically monitor for adherence with urine drug screen, CURES, and routine labs per applicable guidelines. According to an Opiate Risk Tool (ORT) dated September 22, 2014, the IW scored 0, which is considered low risk. The ORT is a predictor for aberrant behaviors in patients who are being treated with opiates. A UDS dated November 3, 2014, was consistent with prescribed medications. The current request is for serum Hydrocodone and Metabolite, and left C2 and C3 medial branch and 3rd occipital nerve blocks on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

Serum, Hydrocodone and Metabolite: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

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, Urine Drug Screens

Decision rationale: Pursuant to the Official Disability Guidelines (ODG), serum hydrocodone and metabolites are not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncovered a version of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust and discontinue treatment the frequency of urine drug testing is determined by whether the injured worker/patient is a low risk, intermediate or high risk for drug misuse or abuse. In this case, the injured worker's working diagnoses are neck pain; post laminectomy syndrome of cervical region; chronic pain due to trauma; facet arthropathy; backache; cervicalgia; and long-term use of high risk medications. Urine drug testing is supported by the guidelines when performing risk assessments for low risk, intermediate and high risk for drug misuse or abuse. The request for serum drug testing with a certain hydrocodone and metabolites is not clinically indicated. Therefore, this request is not medically necessary.

Left C2, C3 medical branch and third occipital nerve blocks on the 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), Neck Chapter, Facet Joint Diagnostic Blocks

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 Blocks; and Neck, Facet Nerve Blocks

Decision rationale: Pursuant to the Official Disability Guidelines (ODG), left C2, C3 medial branch and third occipital nerve blocks on the left are not medically necessary. Occipital nerve blocks are under study for use in treatment of primary headaches. The treatment guidelines support the use of medial branch blocks and occipital nerve blocks only with significant caution. In this case, the injured worker's working diagnoses are neck pain; post laminectomy syndrome of cervical region; chronic pain due to trauma; facet arthropathy; backache; cervicalgia; and long-term use of high risk medications. The progress note dated November 26, 2014 offers subjective complaints of back pain. There is no discussion of neck pain or headache. On physical examination there was cervical pain with facet loading maneuvers. Occipital nerve blocks are understudy for use in primary headaches. The treatment guidelines support the use of medial

branch blocks or occipital nerve blocks only with significant caution. Consequently, absent appropriate clinical documentation to support the occipital nerve block and guideline recommendations indicating occipital nerve blocks are given only with significant caution, this request is not medically necessary.