

<b>Case Number:</b>	CM15-0003020		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	02/03/1999
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

### 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 53-year-old male with a date of injury of 02/03/1999. His mechanism of injury was a head injury during an altercation with a student. His diagnoses included chronic pain due to injury, low back pain, spasm, knee pain, hip pain, brachial radiculitis, cervical postlaminectomy syndrome, thoracic radiculitis, myalgia, myositis, brachial neuritis, depressive disorder, pain in joint, and lumbar spondylosis with myelopathy. His past treatments have included trigger point injections, physical therapy, pain medications, and epidural steroid injections. Diagnostic studies have included urinalysis, urine drug screens, and multiple labs. His surgical history included anterior C5 through C7 fusion with iliac bone graft from the left side in 2001, posterior fusion of C5 to C7 in 2003, revision of left anterior superior iliac crest graft site in 08/2011. The progress report dated 12/16/2014 documented the injured worker reported his pain without medications at a 10/10, with his pain medications at a 4/10. On average over the last month, the patient reported his pain at a 5/10. On physical examination, findings indicated back pain severity level was moderate to severe. The location of pain was the lower back, left flank, legs, neck, and thighs. His medications included clonidine 0.2 mg, Ativan 1 mg, Norco 10/325 mg, Ambien 10 mg, and Pepcid 20 mg. His treatment plan included his physical examination was suggestive of greater occipital neuralgia on the right; palpation of the upper cervical area and more specifically his right greater occipital neuralgia radiates along the GON dermatome to the right eye. He does not recall ever having had this procedure in the past, so it is not known how he will respond to it. The patient was interested in trying something less potent than Norco. Random urine drug screen sample is due next month, his CURES report

reveals no aberrancies, and his opiate agreement is current. The rationale for the request was indicated to be related to being less invasive, less risky than a cervical procedure with sedation, and it should be used as a first step. The Request for Authorization Form is signed and dated 12/19/2014, and in the medical record.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Labs to include: Acetaminophen; Chen 10, CBC including diff; PLT: ELA9 with alcohol + RFLX urine; complete urinalysis; Hydrocodone and metabolite serum: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines , Pain (Chronic) Urine Drug Screen

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines drug testing, Opioids Page(s): 43,78.

**Decision rationale:** The request for acetaminophen; CHEN 10, CBC including diff; PLT: ELA9 with alcohol + rflx urine; complete urinalysis; hydrocodone and metabolite serum is not medically necessary. There is a lack of documentation regarding signs and symptoms of side effects related to long term use of acetaminophen. Hydrocodone metabolite serum is not medically necessary, related to the patient requested to stop taking Norco. The EIA9 with alcohol and reflux urine is a test primarily for amphetamines, barbiturates, benzodiazepines, cocaine, marijuana, methadone, opiates, and as the patient has not been prescribed opiates, related to the Norco being discontinued, there is no rationale for this test. The complete urinalysis is also not necessary, as the Norco has been discontinued. The chemistry 19 and CBC including dif/PLT has no rationale attached to it. Therefore, those tests are not medically necessary. While a urine drug screen may be necessary, a complete urinalysis is not called for. Therefore, the request for acetaminophen; CHEN 10, CBC including diff; PLT: ELA9 with alcohol + rflx urine; complete urinalysis; hydrocodone and metabolite serum is not medically necessary.

**One 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, Neck & Upper Back (Acute & Chronic) Occipital Nerve Block

**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 (GONB).

**Decision rationale:** The request for one occipital nerve block is not medically necessary. The California MTUS Guidelines do not address the request for occipital nerve blocks. The Official Disability Guidelines state that greater occipital nerve blocks are under study for use in treatment

of primary headaches. There is little evidence that the block provides sustained relief, and if employed is best to use with concomitant therapy modulations. The guidelines state there is little evidence that occipital nerve blocks provide sustained relief when used for treating headaches. Therefore, the request for one occipital nerve block is not medically necessary.