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| <b>Case Number:</b>   | CM15-0105165 |                              |            |
| <b>Date Assigned:</b> | 06/09/2015   | <b>Date of Injury:</b>       | 09/09/2011 |
| <b>Decision Date:</b> | 07/10/2015   | <b>UR Denial Date:</b>       | 05/12/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/01/2015 |

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 42-year-old male, with a reported date of injury of 09/09/2011. The diagnoses include closed head injury, status post concussion with post-traumatic headaches, cervical spine sprain/strain with neuroforaminal stenosis, multilevel cervical facet arthropathy, and lumbar spine sprain/strain with multilevel degenerative disc disease. Treatments to date have included oral medications, water therapy exercises, a walking program, bilateral L4-5 and L5-S1 radiofrequency thermocoagulation of the lumbar facet medial nerves on 03/28/2013 with 50% improvement of symptoms, physical therapy, chiropractic treatments, massage therapy, and an MRI of the cervical spine on 07/13/2012. The progress report dated 04/29/2015 indicates that the injured worker continued to have severe headaches, with radiation from the right posterior occipital region over the head to behind the right eye. He stated that at times the symptoms were quite debilitating. The injured worker also had pain over the cervical and lumbar spines. The pain was rated 4-5 out of 10 with medications, and 7-8 out of 10 without medications. He continued to note 40% improvement in pain and 40% improvement in function. The injured worker noted improved ability to perform activities of daily living. The physical examination showed mild-to-moderate bilateral cervical paraspinous tenderness from C1 to T1, cervical spasm, decreased cervical spine range of motion, some tenderness over the left shoulder joint, full range of motion in both upper extremities, diffuse myofascial tenderness bilaterally of the lumbar paraspinous musculature from L1 to S1 with muscle spasm, with tenderness primarily over the lumbosacral junction, decreased lumbar range of motion, and negative straight leg raise. The treating physician requested Tramadol ER (extended release) 150mg and right greater

occipital nerve block. It was noted that the injured worker found Tramadol helpful and provided any stable baseline pain control.

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

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

**Tramadol ER 150mg, quantity: 60 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

**Decision rationale:** According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. Although, Tramadol may be needed to help with the patient pain, there is no clear evidence of objective and recent functional and pain improvement from its previous use. There is no clear documentation of the efficacy/safety of previous use of tramadol. There is no recent evidence of objective monitoring of compliance of the patient with his medications. Therefore, the prescription of TRAMADOL ER 150 mg #60 with 1 refill is not medically necessary.

**Right greater occipital nerve block, quantity: 1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), 2014 Neck and Upper Back, Greater Occipital Block Diagnostic.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Greater occipital nerve block, therapeutic.> (<http://www.worklossdatainstitute.verioiponly.com/odgtwc/neck.htm#Greateroccipitalnerveblocktherapeutic>).

**Decision rationale:** According to ODG guidelines, occipital nerve block, therapeutic " Under study for treatment of occipital neuralgia and cervicogenic headaches. There is little evidence

that the block provides sustained relief, and if employed, is best used with concomitant therapy modulations. (Biondi, 2005) Current reports of success are limited to small, noncontrolled case series. Although short-term improvement has been noted in 50-90% of patients, many studies only report immediate postinjection results with no follow-up period. In addition, there is no gold-standard methodology for injection delivery, nor has the timing or frequency of delivery of injections been researched. (Haldeman, 2001) (Inan, 2001) (Vincent, 1998) Limited duration of effect of local anesthetics appears to be one factor that limits treatment and there is little research as to the effect of the addition of corticosteroid to the injectate". There is no clear documentation that the patient failed oral medications used to treat his pain. There is no controlled studies supporting the use of occipital nerve block for the treatment of the patient's pain. There is no accurate characterization of the patient headache and no evidence that the occipital nerve is the main pain generator. Therefore, the request for Right greater occipital nerve block is not medically necessary.