

Case Number:	CM15-0144581		
Date Assigned:	08/07/2015	Date of Injury:	11/05/2011
Decision Date:	09/24/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/24/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female, with a reported date of injury of 11-05-2011. The mechanism of injury was a slip and fall on a wet floor. She struck the left side of her chest wall and left occipital region. The injured worker's symptoms at the time of the injury included significant pain in the left chest wall and significant pain around the head with nausea and vomiting. The diagnoses include headache, rule out seizure disorder, tension headache, and tremor of the right upper extremity. Treatments and evaluation to date have included physical therapy, oral medications, acupuncture, trigger point injections, chiropractic treatment, a TENS (transcutaneous electrical nerve stimulation) unit, topical pain medication, and a functional restoration program. The diagnostic studies to date have included an MRI of the brain on 04-20-2012 which showed multiple small bilateral abnormal foci of T2 hyperintensity in the subcortical white matter of both cerebral hemispheres; and an MRI of the cervical spine on 04-28-2012 which showed a 3mm broad based protrusion at C4-5 and cervical straightening. According to the medical report dated 02-17-2015, the injured worker had a CT scan of the head which was negative. The medical records indicated that the injured worker had trialed Elavil and Nortriptyline without benefit. The visit note dated 07-06-2015 indicates that the injured worker presented for follow-up of chronic neck pain and headaches. She continued to have left-sided head pain. It was noted that the injured worker trialed Verapamil and Propranolol for headache prophylaxis; however, neither of the medications have been effective and the Propranolol made her dizzy, drowsy, and fatigued. The injured worker used Norflex for muscle spasms and Lyrica for neuropathic pain. She reported not side effects with the use of these medications. The

objective findings include alert and oriented, pain, normal gait, no swelling, normal muscle tone in the bilateral upper and lower extremities, normal range of motion of the bilateral upper extremities, and tenderness to palpation at the left occipital notch and left cervical paraspinal musculature. The injured worker's work status was limited to a two hour workday with restrictions. The treating physician requested an occipital nerve block with fluoroscopic guidance and IV sedation, Orphenadrine ER (Norflex), and Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occipital nerve block left side with fluoroscopic guidance and IV sedation x 3: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Head, Greater Occipital nerve block.

Decision rationale: The patient presents with pain affecting the neck. The current request is for Occipital nerve block left side with fluoroscopic guidance and IV sedation x3. The treating physician states in the report dated 8/3/15, "With regard to ongoing headaches and left sided neck pain, the patient failed a pharmaceutical approach to headache management with 2 different medications. She has not been approved for occipital nerve block, IV sedation is in the process of being appealed." (15B) The ODG Guidelines state, "Under study for use in treatment of primary headaches. Studies on the use of greater occipital nerve block (GONB) for treatment of migraine and cluster headaches show conflicting results, and when positive, have found response limited to a short-term duration." In this case, the treating physician has requested a treatment that is not supported by the ODG guidelines. The current request is not medically necessary.

Orphenadrine ER 100 mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The patient presents with pain affecting the neck. The current request is for Orphenadrine ER 100mg #90. The treating physician states in the report dated 8/3/15, "Orphenadrine- Norflex ER 100mg #90, take 1 tablet as needed for muscle spasms." (15B) The MTUS Guidelines state, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP." In this case, the treating physician has been prescribing this medication to the patient since at least 5/11/15 and the MTUS guidelines only recommend this medication for short-term use. The current request is not medically necessary.

Lyrice 50 mg #30 with 3 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrice) Page(s): 99.

Decision rationale: The patient presents with pain affecting the neck. The current request is for Lyrice 50mg #30 with 3 refills. The treating physician states in the report dated 8/3/15, "Lyrice 50mg take 1 daily." (15B) The MTUS Guidelines state, "Pregabalin (Lyrice, no generic available) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both." In this case, the treating physician has documented decreased pain and improved function with Lyrice usage and the medication is supported by MTUS. The current request is medically necessary.