

<b>Case Number:</b>	CM15-0186356		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	03/09/2005
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 who sustained an industrial injury on 03-09-2005. A review of the medical records indicated that the injured worker is undergoing treatment for an electric shock injury with flash burns to the hand, face and eye and intractable migraines. According to the treating physician's progress report on 08-04-2015, the injured worker continues to experience right sided neck pain and migraines rated at least an 8-9 out of 10 on the pain scale with medications improving the pain. The pain is constant, sharp and increased by light. Prior treatments included right occipital nerve block in October 2013 with significant long lasting relief of frontal and overall pain. Current medications were listed as Fentanyl 75mcg-hour and Nucynta IR 50mg. Treatment plan consists of continuing medication regimen and on 08-17-2015 the provider requested authorization for Fentanyl 75mcg-hour #15 (at least 11 months use), Nucynta IR 50mg #180 (tried in April 2015), right greater and lesser occipital nerve block and ultrasonic guidance for occipital nerve block. On 08-24-2015 the Utilization Review determined the request for the right greater and lesser occipital nerve block and ultrasonic guidance for the occipital nerve block was not medically necessary. On 08-24-2015 the Utilization Review modified the request for Fentanyl 75mcg-hour #15 to Fentanyl 75mcg-hour #10 and Nucynta IR 50mg #180 to Nucynta IR 50mg #162.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fentanyl 75mcg/hr #15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** Regarding the request for Duragesic (fentanyl), Chronic Pain Medical Treatment Guidelines state that fentanyl is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Regarding the use of Fentanyl, guidelines state that it should be reserved for use as a second-line opiate. Within the documentation available for review, there is documentation that the medication is improving the patient's function and pain. However, there is no documentation regarding side effects, and no discussion regarding aberrant use. Furthermore, there is no mention of failure of first-line opiate therapy. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Duragesic (fentanyl), is not medically necessary.

**Nucynta IR 50mg #180: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** Regarding the request for Nucynta, Chronic Pain Medical Treatment Guidelines state that Nucynta is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is documentation that the medication is improving the patient's function and pain. However, there is no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Nucynta, is not medically necessary.

**Right greater and lesser 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, Head Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Greater occipital nerve block (GONB).

**Decision rationale:** Regarding the request for right greater and lesser occipital nerve blocks, California MTUS and ACOEM do not contain criteria for this request. ODG states that occipital nerve blocks are under study. Studies on the use of occipital nerve blocks have been conflicting and shown short-term responses at best. Within the documentation available for review, it appears the patient has undergone occipital nerve blocks previously on 10/2014 with great relief. There is no documentation of objective functional improvement, or duration of efficacy as a result of those injections. In light of the above issues, the currently requested occipital nerve blocks are not medically necessary.

**Ultrasonic guidance for 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, Head Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Greater occipital nerve block (GONB).

**Decision rationale:** Regarding the request for right greater and lesser occipital nerve blocks, California MTUS and ACOEM do not contain criteria for this request. ODG states that occipital nerve blocks are under study. Studies on the use of occipital nerve blocks have been conflicting and shown short-term responses at best. Within the documentation available for review, it appears the patient has undergone occipital nerve blocks previously on 10/2014 with great relief. There is no documentation of objective functional improvement, or duration of efficacy as a result of those injections. In light of the above issues, the currently requested occipital nerve blocks are not medically necessary. Therefore, the request for ultrasound guidance for occipital nerve blocks is not medically necessary.