

Case Number:	CM15-0192948		
Date Assigned:	10/07/2015	Date of Injury:	11/10/2011
Decision Date:	12/09/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/01/2015

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 York, California
 Certification(s)/Specialty: Emergency 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:

This 51 year old male sustained an industrial injury on 11-10-11. Documentation indicated that the injured worker was receiving treatment for lumbar radiculopathy with left foot drop, right shoulder labral tear, impingement syndrome and partial rotator cuff tear, left knee patellofemoral syndrome with internal derangement and iliotibial band syndrome and left ankle arthralgia. Previous treatment included physical therapy, aqua therapy, chiropractic therapy, acupuncture, epidural steroid injections and medications. In a neurology evaluation dated 4-22-15, the injured worker complained of ongoing severe headaches, episodes of vertigo and increased difficulty with anomia, confusion and forgetfulness. Physical exam was remarkable for blood pressure 140 over 110 mmHg, tenderness to palpation to bilateral temporomandibular joint and severe tenderness to palpation to bilateral occipital area. Cranial nerve exam showed decreased olfaction and sensation in all 3 branches of the left trigeminal nerve. The injured worker had bilateral "weak" handgrip and left foot dorsiflexion and mild left foot drop. The injured worker walked with a mild limp. Romberg test was positive. The physician's impression was brain concussion-contusion, post-concussion syndrome, cognitive difficulties, cephalgia and dizziness, occipital neuralgia, temporomandibular joint pain and cervical spine, thoracic spine and lumbar spine radiculopathy. In a PR-2 date 5-28-15, the injured worker complained of persistent right shoulder, low back, left knee and left ankle pain. The physician had reviewed the recommendations of the neurologist and orthopedist. The treatment plan included requesting authorization for occipital block injections with preoperative clearance, electronystagmogram, x-rays of the lumbar spine and coccyx, an interferential unit, cognitive testing, a functional

capacity evaluation, a sleep study, anatomical rating, magnetic resonance imaging of the brain, temporomandibular joint, cervical spine, lumbar spine, thoracic spine, both wrists and left elbow, a prescription for Opana and follow up with neurology per the neurologist and orthopedic recommendations. On 9-17-15, Utilization Review modified a request for Norco 10-325mg #90 to Norco 10-325mg #60 for weaning and noncertified a request for occipital block injections, preoperative medical clearance, Cyclobenzaprine 10%, Gabapentin cream and Flurbiprofen 20% and Tramadol 20% cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tab 10/325 mg Qty 90, 3 times daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, specific drug list.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. There is ongoing prescribing of multiple medications to address pain. There is no documentation of functional improvement linked to this medication. There is not toxicology report included in the record. The request for Norco analgesia is not medically necessary.

Flurbiprofen 20%, Tramadol 20% cream, (retrospective): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: CA MTUS chronic pain guidelines, topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines also state "Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug that is not recommended is not recommended." With respect to non-steroidal anti-inflammatory products, they are "recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." Documentation supports

the IW has been prescribed this topical agent for a minimum of 4 months. This exceeds the recommendation. Additionally, the request does not include frequency or site of application. With the support of the documentation or adherence to the guidelines, the request for topical Flurbiprofen and tramadol is determined not medically necessary.

Occipital Block injections: 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 - Greater occipital nerve block (GONB).

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

Decision rationale: Ca MTUS is silent on this topic. According to Ca MTUS, occipital nerve blocks for diagnosis are "Under Study. Greater occipital nerve blocks (GONB) have been recommended by several organizations for the diagnosis of both occipital neuralgia and cervicogenic headaches." The IW has an ongoing diagnosis of occipital neuralgia. There is no report of headaches. With respect to the use of these blocks for treatment, "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." According to the reference, there is great debate in the medical community regarding the approach to these types of blocks. The records do not support this procedure is being recommended for diagnosis, rather as a treatment modality. Without the support of the documentation and adherence to the guidelines, the request for an occipital nerve block is determined not medically necessary.

Cyclobenzaprine 10%, Gabapentin, (retrospective): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: CA MTUS chronic pain guidelines, topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety." Guidelines also state, "Many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug that is not recommended is not recommended." One of the included compounds in the requested medication is Gabapentin. MTUS guidelines states that gabapentin is not recommended as there is no peer-reviewed literature to support its use. Additionally, the request does not include dosing frequency or duration. The request is not medically necessary.

Preoperative medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Preoperative testing, general; Preoperative lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back: preoperative clearance.

Decision rationale: CA MTUS is silent on this topic. ODG discusses pre-operative testing and medical clearance. According to ODG, "preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status." The IW does not have any medical diagnoses, conditions, or complaints other than those related to orthopedic considerations documented in the chart. The reviewed documents do not support medical conditions that would elevate this IW surgical risk and therefore there are no indications to support an independent premedical clearance examination and testing. The request is not medically necessary.