

<b>Case Number:</b>	CM15-0219979		
<b>Date Assigned:</b>	11/13/2015	<b>Date of Injury:</b>	03/22/2006
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	11/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/09/2015

### 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, North Carolina  
Certification(s)/Specialty: Family Practice

### 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 60 year old female who sustained an industrial injury on 3-22-2006. A review of medical records indicates the injured worker is being treated for occipital neuralgia, spondylosis without myelopathy or radiculopathy, cervical region, pain in right shoulder, pain in left wrist, and pain in right wrist. Medical records dated 10-26-2015 noted neck pain, cervical pain, shoulder pain, and wrist pain. Pain scale was unavailable. Physical examination noted tenderness at the occipital area and tenderness to the left paracervical and right paracervical. There was tenderness to the trapezius. There was decreased range of motion and bilateral facet loading signs and bilateral paraspinous muscle spasm. There was pain in the wrist at rest and with motion. Treatment has included Norco and Robaxin since at least 10-26-2015. Utilization review dated 11-3-2015 noncertified Greater occipital nerve block, IV push x 2, Robaxin 500mg #90, and Hydrocodone-APAP 10-325mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Greater occipital nerve block (right and left) with IV (intravenous) push (Lidocaine, Magnesium, Toradol, Cyanocobalamin), #2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Clinical Journal of Pain: March/April 2011 - Intravenous Regional Ketorolac and Lidocaine in the Treatment of Complex Regional Pain Syndrome of the Lower Extremity: A Randomized, Double-blinded, Crossover Study.

**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 blocks).

**Decision rationale:** The request is for a greater occipital nerve block. CA MTUS does not address this procedure, so ODG was referenced. The claimant was seen on 10/26/2015, complaining of ongoing neck pain in the cervical spine, right shoulder and bilateral wrist pain. The claimant had tenderness to palpation in the occipital region and was diagnosed with occipital neuralgia. No other abnormalities were noted. There was no diagnosis of headache. There appears to be no indication for the procedure, which is performed in order to differentiate between cervical, migraine and tension headache. In addition, IV regional blocks are not recommended. Therefore the request is not medically necessary or appropriate.

**Robaxin 500mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** The request is for Robaxin, a muscle relaxant that may be effective in reducing pain and muscle tension and increasing mobility. Muscle relaxants are indicated for short-term use only, as their maximum benefit is achieved in the first 3-4 days of use. They should not be used longer than 2-3 weeks. They may also be indicated for exacerbations of muscle spasm, which is not documented in this case. In this case the Robaxin is being used on a long-term basis, has a known decrease in efficacy over time and may lead to dependence, the request is not medically necessary or appropriate.

**Hydrocodone/APAP (acetaminophen) 10/325mg, #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** The request is for hydrocodone/APAP 10/325 mg, which has previously been denied. Hydrocodone is a opioid indicated for short-term use in case of moderate to severe pain. It should not be used greater than 3 months. Patients taking chronic opioids should have

documented pain relief and functional improvement, which is not in evidence in this case. In addition there is no pain scale submitted to support the use of an opioid. There is no supportive documentation for the request of hydrocodone. Therefore the request is not medically necessary or appropriate.