

Case Number:	CM15-0037264		
Date Assigned:	03/05/2015	Date of Injury:	12/26/2007
Decision Date:	04/13/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/27/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 65 year old female who sustained a work related injury on December 26, 2007, after slipping and twisting her back injuring her cervical spine, back and knees. Treatment included pain medications, physical therapy, cervical radio-frequency lesioning, and muscle relaxants. She was diagnosed with cervicgia, degeneration of cervical vertebral disc, lumbar disc disease, and right occipital neuralgia. The injured worker underwent multiple surgeries for her injuries. Currently, the injured worker complained of neck and back pain with muscle spasms. On February 28, 2015, a request for one bilateral greater occipital nerve block under ultrasound guidance and one prescription of topical compound cream with Diclofenac 3%, Baclofen 2%, Bupivacaine 1%, Gabapentin 6%, Ibuprofen 3% and Pentoxifylline 3% 120 gm with 2 refills was non-certified by Utilization Review, noting the Official Disability Guidelines and California Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 bilateral greater occipital nerve block under ultrasound guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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.

Decision rationale: The MTUS does not include recommendations regarding use of occipital nerve blocks as a treatment, and therefore the ODG guidelines provide the preferred mechanism for assessment of medical necessity in this case. The ODG guidelines describe greater occipital blocks as under study for use in treatment of primary headaches, with studies on treatment for migraine and cluster headaches showing conflicting results, and when positive, with response limited to a short-term duration, which is in-line with the provided note dated August 27, 2014 that states the patient's left occipital nerve injection from July 2014 continued to help with her pain. The provided documents show no further evidence of continued benefit from the block, and no objective evidence of functional improvement (return to work, etc.) that indicate a compelling reason to continue with an essentially experimental treatment. The request is therefore not considered to be medically necessary given the provided records.

Topical compound cream: Diclofenac3%, Baclofen2%, Bupivacaine1%, Gabapentin6%, Ibuprofen3%, Pentoxifyline3% 120gm with 2 refills: 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 Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS guidelines on Topical Analgesics describe topical treatment as an option; however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS states specifically that any compound product that contains at least one drug (or class) that is not recommended is not recommended. Baclofen and gabapentin are not recommended as a topical lotions or gels for neuropathic pain, categorizing the requested compound as not recommended by the guidelines. The MTUS lists Voltaren (diclofenac) Gel as an FDA approved medication indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip, or shoulder. The lack of evidence to support use of topical compounds like the one requested along with the non-recommendation of various component drugs in the compound make the treatment request not medically indicated.