

Case Number:	CM14-0127486		
Date Assigned:	08/15/2014	Date of Injury:	05/29/1992
Decision Date:	10/07/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/11/2014

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. The expert reviewer is Board Certified in Neurology and is licensed to practice in Texas, New Mexico, Florida, Connecticut, Oklahoma, and Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 59 year old male who sustained an injury on 05/29/1992. No specific mechanism of injury was noted. The injured worker has been followed for ongoing severe occipital headaches and neck pain that has been treated with previous radiofrequency ablations as well as medication management. The injured worker also had a prior lumbar fusion procedure for which an intrathecal pump was implanted. The injured worker has also had multiple cervical fusion procedures completed to date. The injured worker was obtaining radiofrequency ablation procedures of the occipital nerves every 8-9 months which helped control his occipital neuralgia. The injured worker was also receiving intrathecal morphine at a rate of .148 mg per hour. As of 06/11/14, the injured worker continued to report severe headache symptoms which were controlled to some extent with radiofrequency ablation procedures of the occipital nerves. Other oral medications included Wellbutrin, OxyContin 80 mg taken every 8 hours 1-2 tablets and Roxicodone 30 mg taken every 6 hours as needed for pain. The injured worker was also utilizing Prozac and clonazepam. On physical examination there was continued tenderness over the right facets in the cervical spine as well as at the occiput. There was some limited range of motion of the cervical spine. In the lumbar spine there was limited range of motion noted. No motor weakness was identified. The injured worker was often reduced to a sedentary status and was sometimes unable to get out of bed. The injured worker could not perform activities of daily living or other exercise. The injured worker was recommended for continued radiofrequency ablation of the medial branch blocks in the cervical region. Intrathecal pump refill was performed at this evaluation. Initial request for (R) Radiofrequency of greater and lesser occipital nerve: anesthesia, radiology, fluoroscopy and Roxicodone 30mg #112 non-certified on 07/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

(R) Radiofrequency of greater and lesser occipital nerve: anesthesia, radiology, fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://apgi.acoem.org/Browser/TreatmentSummary.aspx?tsid=1293>

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, therapeutic.

Decision rationale: Current guidelines indicate greater occipital nerve blocks are under study for the treatment of primary headaches, migraine and cluster headaches. However, guidelines do not recommend the use of radiofrequency ablation in the treatment of cervical pain. As such, the request for (R) Radiofrequency of greater and lesser occipital nerve: anesthesia, radiology, fluoroscopy cannot be recommended as medically necessary at this time.

Roxicodone 30mg #112: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. As such, Roxicodone 30mg #112 cannot be recommended as medically necessary at this time.