

<b>Case Number:</b>	CM14-0148857		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	01/17/2007
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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 Pain Management and is licensed to practice in California. 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 51-year-old female who sustained an injury on January 17, 2007. She complains of having pain in her head, neck, shoulders, and right arm. She rates her pain without medication as a 6-7/10, with medication at 3-4/10. The pain in her right arm is as an electric pain radiating from the triceps to the elbow, forearm and hand. She continues to feel depressed and has anxiety attacks. On exam, cervical flexion is 20 degrees with pain at C6-C7; extension is 30 degrees with intense bilateral occipital pain. Side bend to the right at 20 degrees elicits left neck pain. Side bend to the left at 10 degrees elicits right neck pain. Rotation to the left is 70 degrees. Rotation to the right is 70 degrees eliciting occipital pain radiating to the right ear. She is tender to palpation and recoils on light palpation to the bilateral occipital area, midline C7, bilateral facet at C5-C6, and bilateral trapezius right greater than left. Shoulder range of motion on the right is limited and elicits pain on triceps. The abductor pollicis on the right elicited an electrical pain from the thumb up to the forearm, biceps and brachioradialis reflexes bilaterally are 2. The Patient Health Questionnaire-9 score is 21/30 indicating severe symptoms of depression and anxiety. Current medications include Tylenol with Codeine, Norco, naproxen, Protonix, Ambien, Lyrica, Lidoderm patch, and Voltaren gel. Ambien since January 8, 2014 has helped her to maintain her activities of daily living. She has not exhibited any aberrant behavior using Tylenol with codeine and Norco. Diagnoses included C5-C6 degenerative disc disease with central canal and foraminal stenosis contributing to right C7 radiculopathy, right ulnar neuropathy at the elbow, and bilateral occipital neuralgia. The requests for right Occipital Nerve Block 1, Lidocaine Patch, and Norco 5/325mg were denied on 09/03/14 due to lack of medical necessity guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**R. Occipital Nerve Block I:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability 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, Greater occipital nerve block

**Decision rationale:** Per the Official Disability Guidelines, the occipital nerve block is under study for use in treatment of primary headaches. Studies on the use of greater occipital nerve block for treatment of migraine and cluster headaches show conflicting results, and when positive, have found response limited to a short-term duration. The mechanism of action is not understood, nor is there a standardized method of the use of this modality for treatment of primary headaches. A recent study has shown that the greater occipital nerve block is not effective for treatment of chronic tension headache. Therefore, the request is not medically necessary according to guidelines.

**Lidocaine Patch:** 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 Lidoderm (lidocaine patch) Page(s): 56-57.

**Decision rationale:** Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic, serotonin norepinephrine reuptake inhibitors, anti-depressants, or an anti-epileptic drug such as gabapentin or Lyrica). This is not a first-line treatment and is only approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case, there is no documentation of post-herpetic neuralgia. Other indications are not approved by the Food and Drug Administration. Therefore, the medical necessity of the request is not established per guidelines.

**Norco 5/325mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 74, 91.

**Decision rationale:** Norco (Hydrocodone + Acetaminophen) is indicated for moderate to severe pain. It is classified as a short-acting opioids, often used for intermittent or breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain workers on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The medical records do not establish failure of non-opioid analgesics, such as nonsteroidal anti-inflammatory drugs or acetaminophen, and there is no mention of ongoing attempts with non-pharmacologic means of pain management such as home exercise program. There is little to no documentation of any significant improvement in pain level or function with prior use to demonstrate the efficacy of this medication. There is no evidence of a recent urine drug test in order to monitor compliance. Furthermore, the injured worker is also taking Tylenol + codeine; concurrent use of multiple short-acting opioids is not warranted. Instead, a long acting opioid should be used when around the clock pain relief is needed. Therefore, the medical necessity for Norco has not been established based on guidelines and lack of documentation.