MAXIMUS Federal Services

| Case Number: | CM14-0217015 | | |
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| Date Assigned: | 01/06/2015 | Date of Injury: | 10/01/1993 |
| Decision Date: | 03/17/2015 | UR Denial Date: | 12/23/2014 |
| Priority: | Standard | Application Received: | 12/29/2014 |

## 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. 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: Texas, Ohio, California
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 applicant is a [redacted] employee who has filed a claim for chronic neck pain, low back pain, shoulder pain, and headaches reportedly associated with an industrial injury of October 1, 1993. Thus far, the applicant has been treated with the following: Analgesic medications; earlier cervical spine surgery; earlier lumbar spine surgery; transfer of care to and from various providers in various specialties; adjuvant medications; and opioid therapy.In a Utilization Review Report dated December 20, 2014, the claims administrator failed to approve request for an occipital nerve block, Tylenol with Codeine, Neurontin, and Duragesic. In its Utilization Review Report, the claims administrator referenced a December 16, 2014 progress note. The applicant's attorney subsequently appealed. In a January 13, 2015 progress note, the attending provider noted that the applicant had alleged development of multifocal neck and back pain secondary to cumulative trauma at work. The attending provider acknowledged that the applicant had not worked since 1993. The applicant had had various issues with depression which were impeding and delaying her recovery, it was acknowledged. The applicant reported highly variable pain, 7-8/10 without medications versus 5/10 with medications. The attending provider stated that the applicant would stay in bed all day and feel hopeless and helpless without her medications. The attending provider posited that the applicant was able to get dressed, get up out of bed and perform minimal activities through the aid of her medications. The applicant did have various comorbidities, including heart disease, diabetes, hypertension, and chronic obstructive pulmonary disease (COPD), it was acknowledged. The applicant was obese, with BMI of 34. The applicant was apparently given refills of Tylenol with Codeine, Duragesic,

Cymbalta, Neurontin, and Kadian. The attending provider stated that the applicant had completed recent massage therapy. The attending provider stated that he would continue the current medications and ask the applicant to self-procure the same. In an earlier note dated November 18, 2014, the applicant was again described as having multifocal complaints of neck and low back pain, 10/10 without medications versus 4/10 with medications. The applicant acknowledged that activities of daily living as basic as bending, lifting, pushing, pulling, standing, and walking were all problematic. Multiple medications were renewed. Ongoing complains of neck pain were also reported.On December 16, 2014, the attending provider reiterated that the applicant was off of work owing to her chronic pain complaints and superimposed depressive symptoms. The attending provider stated that the applicant had symptoms suggestive of occipital neuralgia with complaints of neck pain, scalp pain, headaches, and eye pain. It was not clearly stated whether the applicant had or had not had previous occipital nerve blocks.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Occipital nerve block:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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 Other Medical Treatment Guideline or Medical Evidence: ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Local Anesthetic Injections

**Decision rationale:** Yes, the proposed occipital nerve block is medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that local anesthetic injections such as the greater occipital nerve block at issue are recommended for diagnosing chronic pain and can be employed to determine whether a complaint of headache is a function of static neck pain versus migraine. Here, the attending provider has seemingly suggested that the greater occipital nerve block is intended to ascertain whether the applicant's complaints of headaches are cervicogenic in nature versus associated with migraine. It does note appear that the applicant has had prior occipital nerve blocks. Therefore, the request is medically necessary.

**Tylenol Codiene #4 #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** Conversely, the request for Tylenol with Codeine, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is off of work. The applicant has apparently not worked in over 20 years. While the attending provider did recount some reduction in pain scores reportedly affected as a result of ongoing opioid therapy, these are, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function effected as a result of the same. The applicant's commentary to the effect that she is able to get up out of bed and get dressed with her medications does not, in and of itself constitute evidence of meaningful or material improvement effected as a result of ongoing Tylenol No. 4 usage. Therefore, the request was not medically necessary.

**Gabapentin 300mg #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20fGabapentin Page(s): 19.

**Decision rationale:** Similarly, the request for gabapentin 300 mg #150 was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked at each visit as to whether there have been improvements in pain and/or function affected as a result of the same. Here, the applicant was/is off of work.The applicant has not worked in over 20 years. Ongoing usage of gabapentin has failed to curtail the applicant's dependence on opioid agents such as Duragesic and Tylenol with Codeine. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of gabapentin. Therefore, the request was not medically necessary.

**Fentanyl 75mcg #15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** Finally, the request for fentanyl (Duragesic), a long-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or

reduced pain achieved as a result of the same. Here, the applicant was/is off of work. The applicant has apparently not worked in over 20 years. While the attending provider did recount some reduction in pain scores reportedly affected as a result of ongoing fentanyl usage, these are, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function effected as a result of ongoing fentanyl (Duragesic) usage. The applicant's commentary to the effect that she is able to get up out of bed on a daily basis and get dressed with her medications does not, in and of itself, constitute evidence of meaningful, material, or substantive improvement effected as a result of the same. Therefore, the request was not medically necessary.