

Case Number:	CM15-0163781		
Date Assigned:	09/28/2015	Date of Injury:	04/06/2001
Decision Date:	11/03/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/20/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57 year old male, who sustained an industrial injury on 4-6-01. He is diagnosed with cervical facet arthropathy, cervical stenosis, cervical myofascial strain, cervicgia and occipital neuralgia. His work status was not addressed. A note dated 7-1-15 reveals the injured worker presented with complaints of severe headaches, which affect his ability to sleep. He reports neck pain described as burning and aching. He experiences numbness and pins and needles pain in the first three fingers bilaterally. The neck pain is increased with sudden movements, looking over his shoulder and moving his head up and down and is rated at 3 out of 10, which is increases with headaches. He reports low back pain described as aching and stabbing on the right side and cramping, stabbing, burning and aching in his groin. The pain is increased by bending forward, twisting and crawling, as well as prolonged sitting, standing and walking. His also reports his right leg occasionally gives out on him. A physical examination dated 7-1-15 revealed tenderness to palpation at the left cervical paraspinals and left trapezius muscle, left occipital ridge with radiation of pain into the front of the scalp with palpation and limited cervical extension and rotation bilaterally. Treatment to date has included the medications Norco, Pamelor, Fioricet (does not provide relief, per note dated 7- 1-15), Ketoprofen cream, OTC Excedrin, Naproxen and Cymbalta. A medial branch block on 5- 22-15 provided 100% pain relief for 5-6 hours. A note dated 6-2-15 states a Rhizotomy provided good relief for greater than 1 year, physical therapy (some relief), chiropractic therapy (some relief) and acupuncture (no relief). Trigger point injection on 3-10-15 decreased his headaches, per note dated 5-5-15. He engages in cervical spine home exercise program; however, the therapeutic

response was not included. Diagnostic studies to date have included EMG in 2013 of the neck and bilateral extremities, which revealed abnormal studies, per physician note dated 7- 1-15. An MRI in 2013 of the cervical spine revealed disc abnormalities, facet arthropathy, canal stenosis and neural foraminal narrowing, per physician noted dated 7-1-15. Urinalysis report dated 6-2-15 is consistent, per note dated 6-2-15. A request for authorization dated 7-13-15 for physical therapy 16 sessions is modified to 6 sessions, Fioricet 50-300-40 mg #30 is non- certified and left occipital nerve block is non-certified, per Utilization Review letter dated 7-21- 15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fioricet 50/300/40mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Barbiturate-containing analgesic agents.

Decision rationale: The claimant sustained a work injury in April 2001 as the result of a fall and continues to be treated for neck pain, back pain, and headaches. When seen, he was having increasing increased neck pain associated with his headaches. Physical examination findings included hypertonicity of the trapezius, cervical paraspinal, and lumbar paraspinal muscles. There was left cervical and trapezius muscle tenderness. He had left occipital ridge tenderness with radiation of pain to the front of the scalp. There was decreased cervical and lumbar spine range of motion. Cervical and lumbar facet loading was positive. Authorization is being requested for physical therapy, Fioricet, and the left occipital nerve block. Barbiturate-containing analgesic agents such as Fioricet are not recommended for chronic pain. The Beers criteria for inappropriate medication use include barbiturates. There is a high potential for drug dependence and no evidence to show a clinically important increased analgesic efficacy due to the barbiturate constituents. There is a risk of medication overuse as well as rebound headache. Additionally, in this case, classifying the claimant's headaches would be expected to identify appropriate alternative treatments and preventative measures and an occipital block is being requested which may help in this regard. The prescribing of Fioricet is not medically necessary.

Left 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), Neck and Upper Back (Acute & Chronic): Occipital nerve blocks.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (trauma, headaches, etc., not including stress & mental disorders), Greater occipital nerve block (GONB).

Decision rationale: The claimant sustained a work injury in April 2001 as the result of a fall and continues to be treated for neck pain, back pain, and headaches. When seen, he was having increasing increased neck pain associated with his headaches. Physical examination findings included hypertonicity of the trapezius, cervical paraspinal, and lumbar paraspinal muscles. There was left cervical and trapezius muscle tenderness. He had left occipital ridge tenderness with radiation of pain to the front of the scalp. There was decreased cervical and lumbar spine range of motion. Cervical and lumbar facet loading was positive. Authorization is being requested for physical therapy, Fioricet, and the left occipital nerve block. Guidelines indicate that a greater occipital nerve block may have a role in differentiating between cervicogenic headaches, migraine headaches, and tension-headaches. In this case, the claimant has ongoing headaches which are likely multifactorial. The requested procedure is within guideline recommendations and is medically necessary.

Physical therapy, 16 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in April 2001 as the result of a fall and continues to be treated for neck pain, back pain, and headaches. When seen, he was having increasing increased neck pain associated with his headaches. Physical examination findings included hypertonicity of the trapezius, cervical paraspinal, and lumbar paraspinal muscles. There was left cervical and trapezius muscle tenderness. He had left occipital ridge tenderness with radiation of pain to the front of the scalp. There was decreased cervical and lumbar spine range of motion. Cervical and lumbar facet loading was positive. Authorization is being requested for physical therapy, Fioricet, and the left occipital nerve block. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of physical therapy was needed or likely to be effective. The request is not medically necessary.