

<b>Case Number:</b>	CM15-0174909		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	03/31/2008
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: California

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 64 year old male, who sustained an industrial-work injury on 3-31-08. He reported initial complaints of back pain. The injured worker was diagnosed as having lumbar-lumbosacral disc degeneration, spinal stenosis, lumbosacral neuritis, brachial neuritis, cervical syndrome, and chronic pain. Treatment to date has included medication, physical therapy, exercise, and stretching. Currently, the injured worker complains of flare up in low back symptoms. Per the primary physician's progress report (PR-2) on 7-22-15, there was no acute distress, had marked tenderness in the midline lumbar area, movement moderately restricted in all directions, pain elicited in all directions, normal muscle strength, low back has restricted flexion, antalgic gait, positive straight leg raise at 45 degrees, positive Tinel's. Current plan of care includes outpatient bilateral greater occipital nerve denervation with cryoblation and medication. The Request for Authorization date was 7-30-15 and the requested service included outpatient bilateral greater occipital nerve denervation with cryoablation, Cymbalta 60 mg #60, Metanx 3-325 mg #120, and Frova 2.5 mg #24. The Utilization Review on 8-7-15 modified the request for Cymbalta 60 mg #30, Metanx 3-325 mg #60, and Frova 2.5 mg #12. Occipital nerve blocks are not supported by relevant guidelines as a modality, medical food is not supported, efficacy of medication is not documented in terms of pain relief and function.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient bilateral greater occipital nerve denervation with cryoablation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, Greater occipital nerve block (GONB) and Other Medical Treatment Guidelines Kim CH et al. Cryoablation for the treatment of occipital neuralgia. Pain Physician. 2015 May-Jun; 18(3):E363-8.

**Decision rationale:** Regarding the request for occipital nerve cryoablation, neither the California MTUS nor ACOEM do not contain criteria for this request. ODG does comment that occipital nerve blocks are under study, but does not have provisions for cryoablative therapy. Studies on the use of occipital nerve blocks have been conflicting and shown short-term responses at best. The literature on cryoablative therapy is scant, and includes a study by Kim et al which was a small supportive study. However, major insurance carriers and CMS do not cover cryoablation for the indication of occipital neuralgia. Within the documentation available for review, it appears the patient has undergone occipital nerve blocks previously. Given that there is a paucity of evidence to support occipital nerve cryoablation, this request is not medically necessary.

**Cymbalta 60 mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

**Decision rationale:** Regarding the request for duloxetine (Cymbalta), guidelines state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. Within the documentation available for review, there is no identification that the Cymbalta provides any specific analgesic effect (in terms of reduced numeric rating scale or percent reduction in pain), or provides any objective functional improvement, reduction in other medication use, or improvement in psychological well-being. In the absence of clarity regarding those issues, the current request is not medically necessary.

**Metanx 3-325 mg #120: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Medical Food and Other Medical Treatment Guidelines Drugs.com Metanx Entry.

**Decision rationale:** Metanx is a medical supplement consistent of l-methylfolate with vitamins b6 and b12. It is not specifically addressed in the CA MTUS, ACOEM, or ODG. The ODG does have general provisions for medical foods and suggests this be "intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation." To be considered the product must, at a minimum, meet the following criteria: (1) the product must be a food for oral or tube feeding; (2) the product must be labeled for dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. While the ODG does have specification on the use of medical foods in general, Metanx is not specifically mentioned. Instead, an online website drugs.com specifies that this medication is indicated for: "Managing hyperhomocysteinemia and supplementing the diet." According to the company website (metanx.com) this medication helps "address the symptoms of diabetic nerve damage." Within the documentation submitted for review, there is no documentation of low folate or hyperhomocysteinemia. There is no peer reviewed literature to support the use of the activated form of folate over regular folate. Given the lack of evidence to support Metanx, this request is not medically necessary.

**Frova 2.5 mg #24:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, Triptans.

**Decision rationale:** With regard to the request for Frova, this is a triptan medication for abortive therapy in migraine headaches. The California MTUS does not contain criteria regarding the use of triptan medications. ODG states the triptans are recommended for migraine sufferers. Within the documentation available for review, there is no clear documentation of pain benefit from the use of Frova. A review of the records indicates that the patient has been on Sumavel for months since at least 3/4/15. It is unclear why the patient is concomitantly on Frova and Sumavel as documented in a progress note dated 7/22/15. Furthermore, the quantity request at 24 is very frequent for migraine headaches. Without clear documentation of efficacy, the currently requested triptan is not medically necessary.