

Case Number:	CM15-0027829		
Date Assigned:	02/20/2015	Date of Injury:	05/05/2011
Decision Date:	04/02/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/13/2015

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 51 year old male, who sustained an industrial injury on 05/05/2011. The diagnoses have included bilateral greater occipital neuralgia and improved right C3-C4, C4-C5 facet syndrome after rhizotomy. Noted treatments to date have included radiofrequency ablation, occipital nerve block, acupuncture, and medications. No MRI report noted in received medical records. In a progress note dated 01/27/2015, the injured worker presented with complaints of upper cervical pain. The treating physician reported 80% relief of injured worker's mid cervical facet pain following radiofrequency ablation on 12/09/2014. However, he continues to have upper cervical pain at the occipital area of his head. Utilization Review determination on 02/05/2015 non-certified the request for Bilateral Occipital Rhizotomy (Fluoroscopic Guidance & Epidurogram) and Nucynta Tablets 50mg citing Medical Treatment Utilization Schedule American College of Occupational and Environmental Medicine and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Occipital Rhizotomy (fluoroscopic guidance & epidurogram) QTY: 1.00: Upheld

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, updated 11/18/14, Greater Occipital Nerve Block, Diagnostic, and Therapeutic, and Cervicogenic Headache, Facet Joint Neurotomy; and Pain, updated 02/04/15, Pulsed Radiofrequency Ablation.

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), Radiofrequency (RF) therapy.

Decision rationale: Regarding the request for bilateral occipital rhizotomy, California MTUS and ACOEM do not contain criteria for this request. ODG states that occipital nerve blocks and rhizotomy are under study for use in treatment of primary headaches. Studies on the use of greater occipital nerve block (GONB) 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 GONB is not effective for treatment of chronic tension headache. Within the documentation available for review, there is no clear indication of successful diagnostic occipital blocks and a clear rationale for rhizotomy despite the recommendations of ODG. In light of the above issues, the currently requested bilateral occipital rhizotomy are not medically necessary.

Nucynta 50mg ER QTY: 60.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, updated 02/04/15, Tapentadol (Nucynta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: Regarding the request for Nucynta ER, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Nucynta ER is not medically necessary.

