

Case Number:	CM15-0071265		
Date Assigned:	04/21/2015	Date of Injury:	10/02/2011
Decision Date:	05/19/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/14/2015

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 55 year old female with an industrial injury dated October 2, 2011. The injured worker diagnoses include cervicobrachial syndrome (diffuse), other infections of the shoulder region not elsewhere classified, cervicgia and lumbago. She has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 3/26/2015, the injured worker reported neck and shoulder pain. The injured worker rated pain a 7/10 with medication and a 9/10 without medications. Objective findings revealed tenderness to palpitation at the nuchal ridge bilaterally at the greater occipital nerve transit sight, tenderness to palpitation at L4-L5 and L5-S1, positive straight leg raises on the right with radiation to right lumbar region, and reduced sensation in distal of lateral femoral cutaneous nerve and dorsum of the left extensor up to toes. The treating physician prescribed services for greater occipital nerve root block and Terocin patch, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Greater occipital nerve root block, #1: 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).

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-related injury in October 2011 and continues to be treated for neck and shoulder pain. When seen there was tenderness over the greater occipital nerve without documentation of referred pain. Review of systems was negative for headache. Oral medications include ibuprofen. 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 is not having headaches and therefore the requested greater occipital nerve block is not medically necessary.

Terocin patch, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work-related injury in October 2011 and continues to be treated for neck and shoulder pain. When seen there was tenderness over the greater occipital nerve without documentation of referred pain. Review of systems was negative for headache. Oral medications include ibuprofen. Terocin contains methyl salicylate, capsaicin, menthol, and Lidocaine. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. Guidelines address the use of capsaicin which is believed to work through a similar mechanism. It is recommended as an option in patients who have not responded or are intolerant to other treatments. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. In this case, the claimant's medications include the oral non-steroidal anti-inflammatory medication ibuprofen without report of adverse effect. The need to prescribe two non-steroidal anti-inflammatory medications is not established. Guidelines also recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Therefore, this medication is not medically necessary.