

Case Number:	CM15-0079332		
Date Assigned:	04/30/2015	Date of Injury:	08/02/1994
Decision Date:	05/29/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/24/2015

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 62 year old female, who sustained an industrial injury on 8/2/94. The injured worker was diagnosed as having significant degenerative changes C5-6, mild lateral scoliosis, thoracic spine with significant kyphotic deformity, significant disc height loss throughout the thoracic spine, multiple level degenerative changes of lumbar spine, diffuse osteopenia of cervical, thoracic and lumbar spine and advanced kyphotic deformity. Treatment to date has included oral medications including opioids and occipital nerve blocks. Currently, the injured worker complains of ongoing pain in neck, bilateral upper extremities, back, bilateral hips and right leg. She rates the pain as 7-8/10 without medications and 4/10 with medications. The injured worker states occipital nerve blocks have been very effective. Physical exam noted an antalgic gait and diffused pain in lumbar paraspinal musculature, which was exacerbated with range of motion. The treatment plan included prescriptions for Methadone and Percocet. A progress report dated January 29, 2015 states that the patient's current pain medication including methadone and Percocet reduce her pain from 7-8/10 to 4/10. She also states, that when lowering her medication, her headaches worsened significantly and made her unable to perform even light household chores. The patient denies any negative side effects and uses the medications as prescribed. A signed opiate agreement was provided for review. Notes indicate that urine toxicology testing is being performed and consistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective bilateral occipital blocks (DOS 3/26/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head Chapter, Greater occipital nerve block.

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).

Decision rationale: Regarding the request for bilateral occipital nerve blocks (DOS 3/26/15), California MTUS and ACOEM do not contain criteria for this request. ODG states that occipital nerve blocks are under study. Studies on the use of occipital nerve blocks have been conflicting and shown short-term responses at best. Within the documentation available for review, it appears the patient has undergone occipital nerve blocks previously. There is no documentation of objective functional improvement, analgesic response, or duration of efficacy as a result of those injections. In light of the above issues, the currently requested occipital nerve blocks (DOS 3/26/15) are not medically necessary.

Methadone HCL 10mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R.9792.20- 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Methadone HCL 10mg #90, 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 indication that the medication is improving the patient's function and pain with no side effects or aberrant use, and the patient is noted to undergo regular monitoring. In light of the above, the currently requested Methadone HCL 10mg #90 is medically necessary.

Percocet 10/325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20-9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Percocet 10/325mg #90, 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 indication that the medication is improving the patient's function and pain with no side effects or aberrant use, and the patient is noted to undergo regular monitoring. In light of the above, the currently requested Percocet 10/325mg #90 is medically necessary.