

Case Number:	CM13-0003763		
Date Assigned:	12/13/2013	Date of Injury:	07/28/2000
Decision Date:	02/13/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	07/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Ohio and Texas. 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 physician 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/services.

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 patient is a 60-year-old male who reported an injury on 07/28/2000. The patient is diagnosed with chronic cervical pain with radiculopathy, myofascial tension and ankylosis of the cervical spine, bilateral radiculopathic loss of sensation, bilateral shoulder ankylosis, moderate depression, sleep dysfunction, chronic opiate analgesic pain management, chronic benzodiazepine pain management, and GERD. Physical examination revealed diminished cervical range of motion, tenderness to palpation, diminished thoracic range of motion, muscle spasm, diminished shoulder range of motion, diminished lumbar range of motion, and diminished strength. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

one (1) Botox injections into muscle of the skull and posterior neck: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: California MTUS/ACOEM Practice Guidelines state injecting botulinum toxin (type A and B) has been shown to be effective in reducing pain and improving range of motion in cervical dystonia. While existing evidence shows injecting botulinum toxin to be safe, caution is needed due to the scarcity of high quality studies. There are no high quality studies

that support its use in whiplash-associated disorder. As per the clinical notes submitted, there is no recommendation to inject Botox for chronic pain disorders or myofascial pain syndrome. The patient does not maintain a diagnosis of cervical dystonia. Based on the clinical information received, the patient does not currently meet criteria for the use of Botox injections. As such, the request is non-certified.

four (4) trigger point injections into right trapezius, levator scapulae, rhomboid, supraspinatus muscles for a series of three (3) sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

Decision rationale: California MTUS Guidelines state trigger point injections are recommended only for myofascial pain syndrome. There should be documentation of circumscribed trigger points with evidence upon palpation of a twitch response, as well as referred pain. As per the clinical notes submitted, the patient does not currently meet criteria for trigger point injections. There is no evidence of trigger points upon physical examination with referred pain. There is also no evidence of failure to respond to medical management therapies including stretching exercises, physical therapy, NSAIDs, and muscle relaxants. Based on the clinical information received, the request is non-certified

One (1) prescription of Oxycodone 15mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report persistent pain with difficulty sleeping. There is no significant change in the patient's physical examination that would indicate functional improvement. Satisfactory response to treatment has not been indicated. Therefore, the request is non-certified

One (1) prescription of Valium 10mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: California MTUS Guidelines state benzodiazepines are not recommended for long-term use, because long-term efficacy is unproven and there is risk of dependence. Most Guidelines limit the use to 4 weeks. As per the clinical notes submitted, the patient has continuously utilized this medication. The medication was prescribed for this patient due to muscle spasm. However, despite the ongoing use, the patient continues to demonstrate moderately severe muscle spasm in the upper back and trapezius. Satisfactory response to treatment has not been indicated. As guidelines do not recommend long-term use of this medication, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified