

Case Number:	CM13-0004767		
Date Assigned:	12/11/2013	Date of Injury:	12/26/1997
Decision Date:	04/10/2014	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	07/29/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented former office technician who has filed a claim for chronic neck and wrist pain reportedly associated with an industrial injury of March 18, 1987. Thus far, the applicant has been treated with the following: Analgesic medications; Botox injections; attorney representation; transfer of care to and from various providers in various specialties; psychotropic medications; and extensive periods of time off work, on total temporary disability. In a Utilization Review Report of September 19, 2013, the claims administrator approved one set of repeat Botox injections, retrospectively certified a urine drug screen, partially certified Kadian for weaning purposes, partially certified Klonopin for weaning purposes, and partially certified another prescription for Kadian for weaning purposes. Protonix and Provigil, conversely, were wholly not certified. The claims administrator did approve the Botox injection despite the fact that it is noted that the applicant did not seemingly carry a carry a diagnosis of cervical dystonia for which Botox injections would be indicated. No clear rationale for the approval was provided. A later note of November 26, 2013 is notable for comments that the applicant returned from a cruise to Hawaii. She reports decreased pain in her neck and midback after Botox injections. She is planning to pursue further Botox injections. She is on Neurontin for neuropathic pain and states that Provigil is diminishing excessive daytime sleepiness and fatigue. The applicant is on Protonix for GERD. She is asked to Kadian for round the clock pain and tramadol for breakthrough episodes of pain. Repeat Botox injections are sought. It is noted that the applicant has muscle tightness and palpable trigger points. Multiple medications are refilled while the applicant remains off work, on total disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (2009) Page(s): 56 and 80.

Decision rationale: As noted on page 56 of the MTUS Chronic Pain Medical Treatment Guidelines, Kadian is a brand of morphine, an opioid analgesic. In this case, however, the applicant does not seemingly meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, there is no evidence that the applicant has exhibited improved functioning and/or reduction in pain scores as a result of ongoing opioid usage. The attending provider does not clearly detail the applicant's prior response to morphine. The fact that the applicant remains off work, on total temporary disability, argues against any lasting benefit effected through prior usage of Kadian. Therefore, the request is not certified.

Kadian 80mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (2009) Page(s): 56 and 80.

Decision rationale: As noted previously, the cardinal criteria for continuation of opioid therapy set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines include evidence of successful return to work, improved functioning, and reduced pain effected as a result of ongoing opioid usage. In this case, however, there is no evidence that the applicant meets these criteria. The applicant does not appear to have returned to work. The applicant remains off work, on total temporary disability. There is likewise no clear evidence of improved performance of non-work activities of daily living and no clear evidence of reduction in pain effected as a result of prior Kadian usage. Therefore, the request is not certified.

Onabotulinum toxin injections in 12 weeks 200 units: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (2009) Page(s): 26.

Decision rationale: In this case, the attending provider has suggested that the applicant carries a diagnosis of cervical dystonia. The documentation on file, however, seemingly suggests that the applicant carries diagnosis of chronic pain syndrome/chronic multifocal pain and/or myofascial pain set with palpable trigger points noted. Per page 26 of the MTUS Chronic Pain Medical Treatment Guidelines, Botox injections are not indicated in the treatment of myofascial pain syndrome, chronic nonspecific pain, or chronic neck pain. It is further noted the applicant does not appear to have effected any lasting benefit or functional improvement through prior unspecified numbers of Botox injections. The applicant's failure to return to any form of work and continued reliance on numerous opioid and non-opioid analgesics, taken together, implies lack of functional improvement as defined in MTUS 9792.20f. Therefore, the request is not certified.

Provigil 200mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.fda.gov/downloads/Drugs/DrugSafety/UCM231722.pdf>.

Decision rationale: The MTUS does not address the topic. As noted by the Food and Drug Administration (FDA), Provigil is indicated to try and improve wakefulness in adults who are sleepy owing to narcolepsy, obstructive sleep apnea and/or shift-work disorder. In this case, however, there is no evidence that the applicant carries any of the aforementioned diagnoses. The fact that the applicant has not worked in many years implies that there is no evidence of a shift-work disorder here. There is likewise no evidence of confirmed obstructive sleep apnea and/or narcolepsy for which usage of Provigil would be indicated. Therefore, the request is not certified.