

<b>Case Number:</b>	CM13-0017269		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	02/26/2009
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	08/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2013

### 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 Physical Medicine & Rehabilitation 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 injured worker is a 41-year-old female who reported an injury on 02/26/2009. The mechanism of injury was not provided for clinical review. The diagnoses included tendinopathy and enthesopathy of the right neck and shoulder, status post thoracic outlet syndrome, spasms of the muscles with dystonia, neuropathic pain. Previous treatments include medication and injections. Within the clinical note dated 08/14/2013, it was reported the injured worker complained of neck pain and migraine headaches. The injured worker reported a constant burning, shooting pain starting at the right side of her face to the right side of her neck, down the shoulder and arm to the tips of all 5 fingers on the right. She reported having constant aching starting at the base of her neck down to her spine to her sacral region. She rated her pain 9/10 in severity without medication. Upon physical examination, the provider noted the injured worker's range of motion of the neck was limited with the ability to flex at 10 degrees with a normal of 50, and extension at 10 degrees with a normal of 60. The provider indicated the injured worker's movement of the neck was painful, spasms were palpable in the right trapezius and SCM muscles. He indicated the injured worker had pain with palpation of the parathoracic muscles, palpation caused from tremors in the right shoulder. The provider requested Botox, Oxycodone, and Diazepam. However, a rationale was not provided for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BOTOX INJECTION INTO THE RIGHT BRACHIAL PLEXUS SCARRING:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BOTULINUM TOXIN, 25-26.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin page(s) 25 Page(s): 25.

**Decision rationale:** The injured worker complained of neck pain and migraine headaches. She reported constant burning, shooting pain starting at the right side of her face to the right side of her neck, down the shoulder and arm to the tips of all 5 fingers on the right. She reported pain in the right parascapular region and down into the flank with a pain rating of 9/10 without medication. Guidelines state that current evidence does not support the use of Botox trigger point injections for myofascial pain. It is, however, recommended for cervical dystonia, a condition that is generally related to Workers' Compensation and is characterized as a movement disorder in the nuchal muscles, characterized by tremor or by tonic posturing of the head in a rotated, twisted, or abnormally flexed or extended position. There is a lack of significant objective findings that corroborate the diagnosis of cervical dystonia. Additionally, the request for the Botox injections is for the right brachial plexus scarring, which is not supported by the guidelines. Therefore, the request is not medically necessary.

**OXYCODONE SR (OXYCONTIN) 30MG, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OXYCODONE Page(s): 81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

**Decision rationale:** The injured worker complained of constant aching pain, starting at the base of her neck down the spine to the sacral region. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, and poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. There is a lack of documentation indicating the medication had been providing objective functional benefit and improvement. The request as submitted failed to provide the frequency of the medication, as well as the use of a urine drug screen. Therefore, the request is not medically necessary.

**DIAZEPAM (VALIUM) 2MG, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24.

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

**Decision rationale:** Guidelines do not recommend Diazepam for long term use because long-term efficacy is unproven and there is a risk of dependence. The guidelines also note the limited use of Diazepam to 4 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request as submitted failed to provide the frequency of the medication. Additionally, the injured worker had been utilizing the medication for an extended period of time, exceeding the guidelines' recommendations of 4 weeks. Therefore, the request is not medically necessary.