

<b>Case Number:</b>	CM13-0037585		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	06/02/2004
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	09/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### 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, has a subspecialty in Interventional Spine 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 patient is a 44-year-old female with a date of injury of 06/02/2004. The listed diagnosis per [REDACTED] is herniated nucleus pulposus, cervical spine at C5-C6 and C6-C7 with radiculopathy. According to report dated 09/03/2013 by [REDACTED], the patient presents with continued pain in her cervical spine. It was noted that a cervical epidural steroid injection was requested in February of 2013 which was not approved. She was involved in a separate personal injury accident and went ahead and had a cervical epidural steroid injection. "There was some limited benefit from the cervical ESI." Patient presents today with increased muscle spasm, trigger points, and pain in her cervical spine that radiates into the left arm versus right. Examination of the cervical spine reveals pain with forward flexion at 45 degrees, posterior extension at 15 degrees, and the patient has noted pain with left lateral rotation at 30 degrees and right lateral rotation at 15 degrees. Motor strength is 4.5/5 in the left upper extremity and 4.5/5 in the right upper extremity. Sensation is intact to light touch, pinprick, and temperature sensation bilaterally in the upper extremities except for decreased sensation in the left and right C5 and C6 dermatomes. MRI dated 12/04/2013 reveals 2.5-mm central and right paracentral posterior disk protrusion at C6 to C7 which results in mild focal effacement of the ventral subarachnoid space. There is also a 1- to 2-mm right greater than left posterior disk protrusion at C5 to C6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 BOTOX 100 UNITS TO THE TRAPEZIUS AND PARASPINOUS MUSCLES: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BOTULINUM TOXIN (BOTOX®;MYOBLOC®) Page(s): 25.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 25-26. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 25-26

**Decision rationale:** This patient presents with pain in her cervical spine. The treater is requesting Botox 100 units to the trapezius and paraspinous muscles to address persistent pain. For Botox, the MTUS Guidelines page 25 and 26 state, "not generally recommended for chronic pain disorder but recommended for cervical dystonia." It further states, "Not recommended for tension-type headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome, and trigger-point injections". In this case, the treater has prescribed Botox injection for the patient's chronic neck pain and myofascial pain for which there is lack of MTUS guidelines support. Recommendation is for denial.

**PRESCRIPTION OF ZANAFLEX 4MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS Page(s): 66.

**Decision rationale:** This patient presents with continued pain in her cervical spine. The treater is requesting a trial of Zanaflex 4 mg as the patient will discontinue Soma. Utilization review dated 09/19/2013 modified certification to #30. The MTUS Guidelines page 66 allow for the use of Zanaflex for low back pain, myofascial pain and fibromyalgia. Given the patient's chronic cervical pain, a trial of Zanaflex may be indicated at this time. Recommendation is for authorization.

**1 PRESCRIPTION OF XANAX 0.5MG:** 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), PAIN (CHRONIC).

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

**Decision rationale:** Patient presents with continued pain in her cervical spine. The treater is requesting a trial of Xanax 0.5 mg 1 per day as this has helped her in the past. The MTUS Guidelines page 24 state, "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks." MTUS Guidelines are clear on long-term use of benzodiazepines. It recommends maximum use of 4 weeks due to "unproven efficacy and risk of dependence". In this case, review of records dating from 01/10/2013 to 09/03/2013 indicates this patient has not been on Xanax and the treater has just prescribed this for one-month. The treater, however, does not state that this is for a short-term use. There is no discussion regarding what the goals are for the use of this

risky medication including an end point. Only short-term use of this medication is recommended for this medication. Recommendation is for denial.

## **1 CERVICAL EPIDURAL STEROID INJECTION UNDER FLUOROSCOPIC**

**GUIDANCE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

**Decision rationale:** This patient presents with continued pain in the cervical spine. The treater is requesting a repeat cervical ESI. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47 "Recommended as an option for treatment for radicular pain." For repeat injections during therapeutic phase, "continued objective documented pain and functional improvement including at least 50% pain relief with associated reduction of medication for 6 to 8 weeks with a general recommendation of no more than 4 blocks per year." In this case, as documented on report dated 09/03/2013, a request was made for ESI on 02/05/2013 which was not yet approved. The patient's presenting symptoms are neck pain with radiation into left arm. MRI of C-spine showed right-sided small disc protrusion at C6-7. MTUS require documentation of radiculopathy, a dermatomal distribution of pain/paresthesia corroborated by an imaging study. In this case, the patient's pain is on the opposite side of disc protrusion. Furthermore, radiating pain is not described in a specific pattern or C7 nerve pattern to suspect radiculopathy from small disc at C6-7 level. No EMG/NCV studies are provided to show radiculopathy either. Recommendation is for denial.