

<b>Case Number:</b>	CM13-0052384		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/14/2006
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of August 14, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; psychotropic medications; Botox injections; and extensive periods of time off of work, on total temporary disability. In a utilization review report of October 24, 2013, the claims administrator denied a request for Botox injection, Ativan, Baclofen, Zoloft, Flexeril, and Trileptal. The applicant subsequently appealed, writing a handwritten complementary that he believes he does carry a diagnosis of cervical dystonia. The applicant states that he is using Zoloft to try and reduce his anxiety levels. On November 26, 2013, the applicant wrote a typewritten letter stating that he does in fact have cervical dystonia. The applicant states that he has active issues with anxiety. On January 8, 2014, the applicant consulted a neurologist, who described the applicant is moderately depressed and anxious. The applicant is apparently on Trileptal, Baclofen, Flexeril, Atrovent, Zoloft, and Botox. It is stated that the applicant has been using this combination of medication, including intermittent Botox injection since 2006 and has not had any side effects from the same. It is acknowledged that the applicant is not working. A handwritten note of January 8, 2014 is difficult to follow and notable for comments that the applicant is off of work. It is stated that the applicant has retired. An earlier note of November 7, 2013 is notable for comments that the applicant has issues with mental anxiety, muscle spasms, cervical spasmodic torticollis, and blepharospasms about the eyes. It is stated on a letter of October 14, 2013 that Baclofen is being employed for muscle spasms for pain reduction purposes here.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BOTOX INJECTION:** 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 Page(s): 25-26.

**Decision rationale:** As noted on page 25 of the MTUS Chronic Pain Medical Treatment Guidelines, Botox injections are not generally recommended for chronic pain disorders but can be employed for cervical dystonia. In this case, the multifocal nature of the applicant's neck pain, headaches, psychological issues, anxiety, depression, etc., do call into question the diagnosis of cervical dystonia. It is further noted that the applicant has had numerous prior Botox injections over the life of the claim and has failed to demonstrate any lasting benefit or functional improvement through prior injections. The applicant has failed to return to any form of work. The applicant remains highly dependent and highly reliant on various medications and injections. All the above, taken together imply that previous Botox injections do not generate any lasting benefit or functional improvement as defined by the parameters established in MTUS 9792.20f. Therefore, the request is not certified, on independent medical review.

**ATIVAN:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, anxiolytics are "not recommended" as a first-line therapy for stress related conditions. In this case, the attending provider is seemingly intending to employ Ativan on a long-term, chronic, and scheduled basis to try and manage the applicant's mental health issues. Per ACOEM, however, Ativan is not indicated in the treatment of the same. Therefore, the request is not certified, on independent medical review.

**BACLOFEN:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

**Decision rationale:** As noted on page 64 of the MTUS Chronic Pain Medical Treatment Guidelines, Baclofen, an antispasticity drug, is recommended orally for the treatment of spasticity in muscle spasm related to "multiple sclerosis and spinal cord injuries." In this case, however, there is no evidence that the applicant has in fact sustained a spinal cord injury and/or has multiple sclerosis. It is further noted that, as with the many other analgesic medications, that the applicant has failed to achieve any lasting benefit or functional improvement through prior usage of the same. The applicant has failed to return to work. The applicant remains highly reliant on medications and injections. Therefore, the request is not certified as the applicant does not meet criteria for usage of Baclofen nor has the applicant achieved any lasting benefit or functional improvement through prior usage of the same.

**ZOLOFT:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, antidepressants take "weeks" to exert their maximal effect. In this case, the applicant does have longstanding, ongoing issues with stress, anxiety, and depression, reportedly somewhat managed as a result of ongoing Zoloft usage. Continuing the same, on balance, is therefore indicated, appropriate, and supported by ACOEM. Accordingly, the original utilization review decision is overturned. The request is certified, on independent medical review.

**FLEXIRIL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of Cyclobenzaprine or Flexeril to other agents is "not recommended." In this case, the applicant is using numerous other analgesic and adjuvant medications. Adding Cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not certified, on Independent Medical Review.

**TRILEPTAL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17.

**Decision rationale:** As noted on page 17 of the MTUS Chronic Pain Medical Treatment Guidelines, Trileptal, an anticonvulsant medication, can be employed to treat neuropathic pain. However, the continued usage of Trileptal and other anticonvulsants include evidence of pain relief and/or improvement in function effected as a result of the same. In this case, however, the applicant does not appear to have achieved any lasting benefit or functional improvement despite prior usage of the medications in question. The applicant remains highly anxious, depressed, and off of work. The applicant remains highly dependent on various medical treatments, medications, and injections. All the above, taken together, imply that ongoing usage of Trileptal has been ineffectual. Therefore, the request is not certified, on independent medical review.