

<b>Case Number:</b>	CM13-0058288		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	10/27/1998
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	11/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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, has a subspecialty in Pain Management 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 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. 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:

This is a 50 year old male with a 10/27/1998 industrial injury claim. He has been diagnosed the cervical spinal and foraminal stenosis; cervical DDD, chronic migraine headaches; left and right shoulder rotator cuff tendinitis/tear; bilateral shoulder impingement syndrome; myofascial pain syndrome; bilateral CTS; right ulnar nerve compression above the wrist; PTSD/anxiety. According to the 11/7/13 pain management report from [REDACTED], the patient presents with migraine headaches every other day, neck stiffness and pain with weather changes, shoulder pain and depression. He had Botox injections in the past for headaches which helped for 5-months. He complains of shoulder pain and it makes it difficult for him to sleep on his sides. On 11/19/13 [REDACTED] recommended non-certification for Botox injections; the orthopedic consult for the shoulders; the use of Ambien CR for insomnia; and Liderm patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botox Injections 200 units QTY 1.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), web Head Chapter, Botulinum toxin

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobic) Page(s): 25-26.

**Decision rationale:** The patient presents with neck stiffness and dull pain due to weather changes and with radiation to the shoulders and occasional numbness in the thumbs, 2nd and 3rd fingers, and he reports migraine headaches every other day. MTUS recommends Botox injections for cervical dystonia, but this patient does not have this condition. The 11/7/13 report states the Botox injections were intended for chronic migraines. MTUS specifically states Botox injections are: "Not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections." The request is not in accordance with MTUS guidelines

**One(1) Orthopedic Specialist Consultation for the Bilateral Shoulders:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

**Decision rationale:** The patient presents with neck stiffness and dull pain due to weather changes and with radiation to the shoulders and occasional numbness in the thumbs, 2nd and 3rd fingers, and he reports migraine headaches every other day. The 11/7/13 report states the neck symptoms radiate to the shoulders, but also note exam findings of impingement with positive Hawkins bilaterally. The orthopedic consultation for shoulder impingement is in accordance with ACOEM guidelines.

**Ambien CR 6.5mg qhs for Insomnia:** 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),TWC guidelines, 5th Edition, Chronic Pain, Zolpidem(Ambien).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),TWC guidelines, Chronic Pain Chapter online, Zolpidem, Insomnia Treatment

**Decision rationale:** The patient presents with neck stiffness and dull pain due to weather changes and with radiation to the shoulders and occasional numbness in the thumbs, 2nd and 3rd fingers, and he reports migraine headaches every other day. The 11/7/13 report states the shoulder pain makes it difficult for the patient to sleep on his sides. ODG guidelines states Ambien is indicated for 7-10 days, and Ambien CR has been effective up to 24-weeks, but ODG also states the chronic use of hypnotics is generally discouraged. The records show the patient has been on Ambien over 24-weeks, back through 3/14/13. The continued use of Ambien CR exceeds the ODG 24-week limit.

**Lidoderm Patches:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Patches Page(s): 56-57.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Patch, Topical Analgesics ; Non-steroidal anti-inflammatory agents"(NSAIDs). Page(s): 5.

**Decision rationale:** The patient presents with neck stiffness and dull pain due to weather changes and with radiation to the shoulders and occasional numbness in the thumbs, 2nd and 3rd fingers, and he reports migraine headaches every other day. UR recommended against Lidoderm patches as they did not see a trial of first-line medications, such as TCA, SNRIs or AEDs. The medical records provided for this IMR go back as far as 1/11/13 and do not show any of the first-line medications. The 11/7/13 report does not provide a discussion for the Lidoderm patches. The next prior available report is dated 9/10/13 and does not show Lidoderm patches being prescribed. There are no available reports from October 2013 provided for this IMR. MTUS does state: "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). "Based on the information available, there is no documentation of a trial of first-line therapy. The request cannot be confirmed to be in accordance with MTUS guidelines.