

Case Number:	CM13-0067334		
Date Assigned:	01/03/2014	Date of Injury:	10/08/1999
Decision Date:	05/22/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/17/2013

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 patient is a 64 year old male who was injured on 10/08/1999. The patient sustained a traumatic organic brain injury and physical injuries to multiple body parts while working. Prior treatment history has included physical therapy and exercises on his own. He used TENS unit with good effect and received knee injection, and botox injection 11/2009. He underwent fusion of C5-7 in 10/2002. On 04/2001 he had a right meniscectomy and on 12/01/2001 right shoulder arthroscopy. On 07/2006 he underwent medial PWB partial knee replacement. On 12/04/2006 he underwent removal of anterior instrumentation plate at C4-5 and C5-6, as well as exploration of C4-5 discectomy C3-4 with decompression of spinal cord, C3-4 arthrodesis anterior inter body technique. Application of prosthetic device just to C3-4 inter space, anterior instrumentation C3-4 and reinsertion, removal and reinsertion of instrumentation with rescue screw. Diagnostic studies reviewed include MRI of the cervical spine dated 10/18/2013 revealing interval development of broad-based central disc protrusion at C2-3; acquired degenerative changes at C6-7 with stable narrowing of AP diameter the central canal to 8 mm. Solid interbody fusions from C3-4 through C5-6. Mixed type I and type II degenerative endplate changes at C6-7 which are less when compared to other study. PR-2 dated 11/15/2013 documented the patient to come for follow up of neck issues. The medications on this visit are as follows: 1. Lidoderm patch 5% 2. Norco 10/325 mg q 4 # 150 3. Lunesta 2 mg hs (works best) 4. Nexium 40 mg 1 qd 5. Imitrex 100 mg qd 6. Valium 2 mg bid 7. Flector patch for neck and knee He continues to use Flector for the knee and the neck and Valium and Norco for the neck. Lunesta is for sleep and Nexium. Botox injections 1 every 3-5 months with benefit. He has some swelling and pain in the right knee. Used Flector or Lidoderm patch and after a few minutes it improved. The neck pain is worse and is having numbness of all five digits. Botox done and helped with HA. He gets done about every 3 months. Last time pain went as low as 1. Now closer to 5. Uses Lidoderm patches

on back of neck. With meds he is able to do yard work for a couple of hours. Without meds he does not do either. VAS 1 with meds and with Botox and 7-8 without meds. Objective findings on exam included examination of the neck revealing no percussive tenderness. No significant pain at the base of the head. Limited cervical range of motion. Shoulders are ok. No sensory deficits today. The back revealed still positive iliolumbarum and lumbar spine in soft tissue not bone. Positive spasms on the left. Hobbles a bit when he walks. Examination of the right knee is positive for swelling, crepitation and limited flexion. Positive medial joint line pain. Reflexes 2+. There is numbness more on top more than the bottom of the left foot. No atrophy noted. Decreased sensation bilateral upper extremities, right about 25 and left about 5/5 diffusely. Mild DF weakness on the left, not on the right and right quad and is limited by right knee pain. Diagnoses: 1. Organic brain syndrome 2. Post concussion syndrome 3. Degenerative disc disease cervical and headaches, headache part of syndrome improved with Botox, continue. 4. Degenerative disc disease lumbar and stenosis. Plan of Treatment: Increasing upper extremity complaints of numbness that does not fit a peripheral pattern. Recommend NCV then EDX as he hates needles. Continue with Botox and Lidoderm patches. Reminded to use the TENS unit. Prescription given for pads.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 BOTOX INJECTION 100 UNITS: Overturned

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

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

Decision rationale: The patient is reported to have a history of headaches that were controlled with prior Botox injections (per patient). The CPMTG states Botox is not generally recommended but is recommended for cervical dystonia. The specific non-recommendations include tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. The patient previously had Botox injections on 05/02/2013 and 08/01/2013 to four trigger points identified. Following the 05/02/2013 injection, the patient reported improvement. The provider has documented many times that his pain is minimized with Botox Injections, including a quantified pain scale assessment. This history is, in my opinion, enough to warrant deviation from the guidelines. Therefore, this is medically necessary and appropriate.

1 PRESCRIPTION OF LIDODERM PATCHES 5%: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm, and Topical Analgesics Page(s): 56-57, 111-113.

Decision rationale: The CPMTG recommends Lidoderm for localized peripheral pain after there has been evidence of a trial of first line therapy. The medical records document the patient to be using the patches for the ongoing neck complaints with accompanied numbness of all five digits. The patches have been reported by the patient to help with his pain levels and allow him to continue with ADL's. Based on the continued positive outcomes with the use of the Lidoderm patches, the request is determined to be medically necessary.

1 TENS (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION) PADS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous electrical nerve stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

Decision rationale: According to the CPMTG for the use of TENS, the patient should show significant therapeutic effect with the use of the unit. The medical records fail to document the patient has been using the TENS unit or that it has been effective. The request for pads is not medically necessary.

UNKNOWN NCV: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The ACOEM guideline states when the neurologic examination is less clear, additional studies can be obtained. The criteria for ordering studies are based on the failure to progress and for clarification prior to surgery. There would not be a need for nerve conduction studies when the symptoms are already clinically obvious. The reason for the request is not clear and as such, the medical necessity has not been established.