

<b>Case Number:</b>	CM14-0003648		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	10/27/1998
<b>Decision Date:</b>	06/20/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 Anesthesiology, 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 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 50-year-old male with a 10/27/98 date of injury. He was seen on 12/9/13 where it is noted he had complaints of ongoing neck pain, rated at 5-8/10. The patient was status post C6-7 epidural on 10/10/12 with a 75% pain reduction, but did not want any more injections. An MRI of the cervical spine was done on 6/16/11 showing left lateral disc protrusion/spur at C6-7 with moderate to severe left foraminal stenosis. The patient was also noted to have difficulty sleeping; Seroquel, Lunesta, Rozerem, and Benadryl have not been helpful. He was started on Ambien in 2012 and apparently cannot sleep without it. The patient also complains of chronic migraines for which he uses Relpax, and he has had success with Botox in the past. Botox was certified per utilization review on 12/20/12 for the patient's migraines as it was noted that his migraines were reduced by 70%. Exam findings revealed paraspinal cervical tenderness and limited neck range of motion with pain. It is noted that the patient is scheduled with an orthopedic spine surgeon who is requesting a repeat MRI of the cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CERVICAL SPINE MRI QUANTITY 1.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE GUIDELINES, ,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, §9792.23.1. NECK AND UPPER BACK COMPLAINTS,

**Decision rationale:** The California MTUS supports imaging studies with red flag conditions, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, clarification of the anatomy prior to an invasive procedure, and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. There have been no neurologic changes or exam changes since the patient's last MRI. Hence, the rationale for a repeat MRI is unclear. As such, the request is not medically necessary.

**200 UNITS OF BOTOX FOR CHRONIC MIGRAINES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 25-26

**Decision rationale:** The MTUS guidelines states that Botox is not generally recommended for chronic pain disorders, but is recommended for cervical dystonia. It is not recommended for tension-type headaches, migraine headaches, fibromyositis, chronic neck pain, myofascial pain syndrome, and trigger point injections. This patient has chronic migraine headaches for which he uses Relpax. Although he has had success with Botox in the past, the MTUS does not support the use of Botox for migraine headaches. As such, the request is not medically necessary.

**AMBIEN CR 6.5 MG QUANTITY ONE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** The ACOEM/MTUS does not address this issue, so the Official Disability Guidelines (ODG) and the FDA guidelines were used instead. The ODG and the FDA state that Ambien is approved for the short-term (usually two to six weeks) treatment of insomnia. Pain specialists rarely, if ever, recommend Ambien for long-term use. The patient was noted to be on zolpidem and still only getting four hours of sleep. Switching to a brand-name version of the drug is not likely to induce more sleep. In addition, the ODG does not support the use of hypnotics for sleep on a chronic basis. As such, the request is not medically necessary

**ERGONOMIC EVALUATION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** The ACOEM/MTUS does not address this issue, so the Official Disability Guidelines (ODG) were used instead. Per the ODG, this is under study. There was no good-quality evidence on the effectiveness of ergonomics or modification of risk factors. There is limited evidence for the effectiveness of keyboards with an alternative force-displacement of the keys or an alternative geometry, and breaks during computer work compared to no breaks. There is literature to support decreased trapezius loading and symptoms secondary to ergonomic interventions. The rationale for an ergonomic evaluation in this patient is unclear. As such, the request is not medically necessary.