

<b>Case Number:</b>	CM14-0006557		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	05/13/2004
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 Physical Medicine & Rehabilitation, 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 71-year-old female who has filed a claim for chronic neck pain associated with an industrial injury date of May 13, 2004. Review of progress notes indicates improvement of low back pain radiating to right lower extremity with physical therapy, chronic headaches, right shoulder pain, memory problems, and symptoms of depression. Patient has been having headaches for 10 years, but has been recently worsening. The headache starts on the left and spreads to the whole head. Findings include tightness and spasms of neck and shoulder muscles, decreased right shoulder range of motion, mild torticollis to the left, and laterocollis to the right. Patient has a mildly antalgic gait. Treatment to date has included NSAIDs, opioids, anti-depressants, Ambien, Medrox ointment, Lidoderm patch, lumbar epidural steroid injection, right shoulder injection, trigger point injections, Botox injections, and physical therapy. Utilization review from January 13, 2014 denied the requests for 1 trigger point injection with 3cc of Lidocaine 1% as there was no documentation of presence of trigger points; amitriptyline 10mg #30 as there was limited response with previous use; and lab test including sed rate westergren and c-reactive protein as there is no support for these tests in the management of migraine headaches and cervical dystonia. There is modified certification for 1 Botox injection 200 units for cervical dystonia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE (1) TRIGGER POINT INJECTION WITH 3CC OF LIDOCAINE 1%: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

**Decision rationale:** CA MTUS criteria for trigger point injections include chronic low back or neck pain with myofascial pain syndrome. There should be circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; symptoms for more than three months; failure of medical management therapies; absence of radiculopathy; and no more than 3-4 injections per session. Additionally, repeat injections are not recommended unless greater than 50% pain relief has been obtained for six weeks following previous injections, including functional improvement. The body part to which the trigger point is directed to is not indicated. Also, there is no documentation of definite trigger points in the physical examination findings. Therefore, the request for one trigger point injection was not medically necessary.

**FOUR (4) INJECTIONS WITH BOTOX 200 UNITS (ONE (1) EVERY THREE (3) MONTHS FOR ONE (1) YEAR): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin (Botox, Myobloc).

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

**Decision rationale:** According to pages 25-26 of CA MTUS Chronic Pain Medical Treatment Guidelines, Botox injections are not generally recommended for chronic pain disorders, but recommended for cervical dystonia. They are not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. This patient presented with mild cervical dystonia, for which a trial of Botox injection is reasonable. However, there is no indication for continued Botox therapy at this time. Therefore, the request for four injections with Botox 200 units was not medically necessary.

**AMITRIPTYLINE 10MG #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15.

**Decision rationale:** Pages 13-15 of CA MTUS Chronic Pain Medical Treatment Guidelines state that tricyclics are considered first-line agents for neuropathic pain, especially when accompanied by insomnia, anxiety, or depression. It is a possible option for non-neuropathic pain in depressed patients. Amitriptyline is also effective for fibromyalgia and CPRS. Patient has been on this

medication since May 2013. Progress notes indicate that this medication is being used for headaches and depression. However, there is no documentation regarding significant benefits derived from this medication. The patient actually reported worsening of headaches. Therefore, the request for amitriptyline 10mg #30 was not medically necessary.

**ONE (1) LAB TEST INCLUDING SED RATE WESTERGREN AND C-REACTIVE PROTEIN:** 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 Other Medical Treatment Guideline or Medical Evidence: Laboratory Safety Monitoring of Chronic Medications in Ambulatory Care Settings <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1490088/>; University of South Carolina, Arthritis Panel (<http://www.muschealth.com/lab/content.aspx?id=150092>).

**Decision rationale:** The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Journal of General Internal Medicine was used instead. Literature concludes that a large proportion of patients receiving selected chronic medications do not receive recommended laboratory monitoring in the outpatient setting. According to the Medical University of South Carolina, arthritis panel may be performed for screening or to assess the severity of rheumatoid arthritis. It may include ANA, anti-CCP, ESR, rheumatoid factor, serum CRP, and serum uric acid. In this case, the patient does not present with findings to suggest a rheumatologic condition. There is no clear rationale for this request. Therefore, the request for lab test including sed rate westergren and c-reactive protein was not medically necessary.