

Case Number:	CM14-0106605		
Date Assigned:	09/24/2014	Date of Injury:	08/01/1992
Decision Date:	11/14/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/09/2014

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 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 50 year old female who was injured on August 1, 1992. The mechanism of injury is unknown. Prior treatment history included Ketoprofen 10% Cyclobenzaprine 3% Capsaicin 0.0375% Menthol 2% Camphor 1% Cream and Gralise ER 600 mg. It also included radiofrequency ablation for right C2, 3, 5, 6 medial branch nerves. Toxicology Report dated March, 13, 2014 detected the presence of Oxycodone, Noroxycodone, and Hydromorphone. Progress report dated June 27, 2014 documented the patient to have complaints of cervical pain which she rates at 7-8/10. She describes the pain to be deep, aching, dull, radiating to the jaw with heaviness and stiffness. She also complained of radicular pain with weakness in the bilateral upper extremities. The patient also reported shoulder pain which she rated to be 5/10 and described it to be aching, shooting, and burning. On physical exam there was mild weakness of the upper extremities muscles which was rated at 4/5, abnormal left Tinel's test, abnormal left ulnar nerve compression test, positive impingement test on the left, tender left AC joint, tender left anterior capsule, tender left trapezius muscle, abnormal Adson's test, abnormal hyper-abduction test and abnormal Roos test. The patient was diagnosed with left shoulder and arm pain, headaches, cervicgia with radiculopathy, thoracic outlet syndrome, and opioid induced constipation. She was prescribed Botox injection for cervical dystonia, and was ordered a refill for her current medications. Prior Utilization Review dated July 3, 2014 denied the request for Botox injections, Ketoprofen 10% Cyclobenzaprine 3% Capsaicin 0.0375% Menthol 2% Camphor 1% Cream and Gralise ER 600 mg as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox Injection for cervical dystonia: Upheld

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

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

Decision rationale: According to MTUS guidelines, Botulinum Toxin (Botox) is "Not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome and trigger point injections..." In this case, Botox Injection for cervical dystonia is requested for a 50-year-old female with chronic neck pain and diagnosis of cervical radiculopathy. However, history and examination findings do not establish a diagnosis of cervical dystonia. Medical necessity is not established.

Ketoprofen 10% Cyclobenzaprine 3% Capsaicin 0.0375% Menthol 2% Camphor 1% Cream: Upheld

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

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

Decision rationale: According to MTUS guidelines, muscle relaxants are not recommended for topical application. Topical Ketoprofen is also not recommended. This is a request for a topical cream containing Ketoprofen and Cyclobenzaprine, neither of which is recommended. Additionally, the guidelines recommend "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Further, the patient is currently prescribed oral Naproxen. Medical necessity is not established.

Grasile 600mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-22.

Decision rationale: According to MTUS guidelines, anti-epilepsy drugs are recommended for neuropathic pain. Gabapentin has been considered first-line treatment for neuropathic pain. In this case a request is made for Gralise (Gabapentin) for a 50-year-old female taking Gabapentin on a long-term basis with chronic neck pain, diagnosis of cervical radiculopathy, and history of

possible mild left ulnar neuropathy. However, medical records do not demonstrate efficacy of treatment with Gabapentin. There is no provided evidence of clinically significant functional improvement, pain reduction, or reduction in dependency on medical care from use of this medication. Medical necessity is not established.