

Case Number:	CM14-0109749		
Date Assigned:	08/01/2014	Date of Injury:	09/04/2010
Decision Date:	09/15/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/15/2014

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 and Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 50-year-old gentleman was reportedly injured on September 4, 2010. The mechanism of injury is noted as cumulative trauma to the cervical spine. The most recent progress note, dated May 22, 2014, indicates that there are ongoing complaints of cervical spine pain. The physical examination demonstrated a guarded motion of the cervical spine. There were trigger points identified at the base of the cervical spine with a taut muscle band and a twitch response. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a cervical spine fusion, the use of an H wave unit, physical therapy, and chiropractic care. A request had been made for a Botox injection with shock, ibuprofen/Hydrocodone, and gabapentin and was not certified in the pre-authorization process on July 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Botox Injection with Shock: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Botulism Toxin, Updated August 4, 2014.

Decision rationale: According to the Official Disability Guidelines botulism toxin injections are only recommended for cervical dystonia. As the attached medical record indicates that the intention of Botox injections is to treat a muscle spasm, this request for Outpatient Botox injection with shock is not medically necessary.

Ibuprofen/Hydrocodone 200/7.5mg Qty: 60.00 with 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91 of 127.

Decision rationale: Ibuprofen/Hydrocodone is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for ibuprofen/Hydrocodone is not medically necessary.

Gabapentin 600mg Qty: 60.00 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20, 49 of 127.

Decision rationale: The California MTUS considers gabapentin to be a first-line treatment for neuropathic pain. Based on the clinical documentation provided, there is no evidence of neuropathic or radicular pain on exam. As such, the requested medication is not medically necessary.