

Case Number:	CM14-0184734		
Date Assigned:	11/12/2014	Date of Injury:	09/29/2000
Decision Date:	12/15/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/06/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 55 year old female who was injured on 9/29/2000. She was diagnosed with occipital neuralgia, headaches, myalgia and myositis, neck pain, insomnia, and chronic pain due to trauma. She was treated with physical therapy, rest, medications, massage, epidural steroid injections, nerve blocks, ice, and stretching. On 10/9/14, the worker was seen by her pain specialist reporting back pain, arm pain, neck pain, and migraine headaches. She rated her pain at 8/10 on the pain scale with the use of her oral medications (naproxen, Cymbalta, Topamax, Imitrex, and tramadol). Headaches and neck pain have caused her to call in sick at work more often. She reported that the Botox in the past helps her headache and decrease the frequency of migraines, reportedly. She reported having trouble sleeping and has exhausted sleep hygiene and over the counter medications. Physical examination of the cervical area revealed active painful range of motion, moderate apprehension, crepitus, tenderness at right shoulder, left shoulder, and positive axial compression and distraction testing. She was then recommended to continue her current medications, adding on a trial of Temazepam for her insomnia. She was also recommended Botulinum Toxin injection to her neck/head.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 7.5mg, #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness section, sedative hypnotics, AND Pain section, insomnia treatment

Decision rationale: The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, she reported having difficulty sleeping and exhausting efforts to treat this with over the counter medications and sleep hygiene before being recommended a trial (30 days) of Temazepam. Her injury was many years ago, and it is clear that the intention of this medication was to be used chronically and not just as a bridge medication to allow her to be comfortable while she improves. The worker seems to be stable and permanent with her condition; therefore, the Temazepam would not be indicated in this situation and is not medically necessary.

Botulinum toxin per 200 units QTY: 1: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that Botulinum toxin is not generally recommended for chronic pain disorders such as tension headache, migraine headache, fibro myositis, chronic neck pain, myofascial pain syndrome, and trigger points. However, Botulinum toxin may be considered in cases of cervical dystonia (spasmodic torticollis), which is a condition not generally related to worker's compensation injuries. Also, Botulinum Toxin may be considered in cases of chronic low back pain, if a favorable initial response predicts subsequent responsiveness, as an option in conjunction with a functional restoration program. In the case of this worker, she had received Botulinum Toxin injection which reportedly had helped her headaches to some extent. However, there is no clear description in the recent progress note, describing any symptoms or physical findings that would suggest the worker's condition would be categorized as cervical dystonia, but rather she was diagnosed with myofascial pain and migraines. Therefore, the Botulinum Toxin is not medically necessary or appropriate.