

Case Number:	CM14-0022162		
Date Assigned:	05/07/2014	Date of Injury:	12/31/1989
Decision Date:	08/08/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/21/2014

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 62 year-old male who has filed a claim for cervical degenerative disease associated with an industrial injury date of December 31, 1989. Review of progress notes indicates a morbidly obese patient with worsening of chronic headaches. Patient also reports neck pain and bilateral numbness and weakness of the hands and arms. Patient notes decreased pain by 40% with medications, and has been weaning down OxyContin use over the past year. Findings include decreased sensation of the first three fingers of both hands, and slightly weak right grip strength, which are not new. Blood testing from December 2013 showed normal thyroid function tests, high testosterone levels, and normal PSA. Patient has been diagnosed with chronic right C6 radiculopathy. Treatment to date has included opioids, Ketamine, Niacin, Triptans, Glucosamine, muscle relaxants, antidepressants, testosterone, Armour Thyroid, right knee wrap, Synvisc injections to the right knee, right knee surgery, and cervical spinal surgery in January 1990. Utilization review from February 12, 2014 denied the requests for Botox injections as the patient does not have cervical dystonia; right-sided diagnostic cervical median branch blocks to C2-3-4 as there was no documentation of C2-4 facet mediated pain, and the patient is diagnosed with C6 radiculopathy; Zanaflex 4mg as there was no documentation of spasms; testosterone cypionate 100mg/cc as there were no recent lab reports, or signs of low testosterone; Armour Thyroid 60mg as documentation notes that thyroid levels are okay; Glucosamine/Chondroitin 500mg as there were no weight-bearing knee films or imaging available, or mention of osteoarthritis; and gym membership x 6 months as it is unclear as to how the patient is expected to conduct an independent exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

BOTOX INJECTIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BOTULINUM TOXIN (BOTOX) Page(s): 25-26.

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. In this case, the patient presents with chronic headaches, which are not recommended for treatment with botox injections. There is no documentation of cervical dystonia to support this request. Therefore, the request for botox injections was not medically necessary.

RIGHT-SIDED DIAGNOSTIC CERVICAL MEDIAN BRANCH BLOCKS TO C2-3-4:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 chapter, Facet joint diagnostic blocks.

Decision rationale: According to ODG, facet joint diagnostic blocks or medial branch blocks are recommended prior to facet neurotomy, a procedure considered under study. Diagnostic blocks for facet nerve pain are limited to patient with non-radicular cervical pain, performed at no more than 2 levels bilaterally, with documentation of failure of conservative treatment for at least 4-6 weeks prior to the procedure. One set of diagnostic blocks is required with a response of at least 70%, approximately 2 hours for Lidocaine. These should not be performed in patients with an anticipated surgical procedure, or who have had previous fusion at the planned injection level. In this case, there are no findings supporting facet-mediated cervical pain in this patient. The patient had normal physical examination findings referable to the cervical spine. Also, the patient has been diagnosed with chronic C6 radiculopathy. Therefore, the request for right-sided diagnostic cervical median branch blocks to C2-3-4 was not medically necessary.

ZANAFLEX 4MG CAPSULE 3-4 TABLETS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: As stated in CA MTUS Chronic Pain Medical Treatment Guidelines pages 63-66, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. They may be effective in reducing pain and muscle tension, and increasing mobility. However, they show no benefit beyond NSAIDs in pain and overall improvement. Patient has been on this medication since at least July 2013. There is no documentation of acute exacerbation of pain, or of significant muscle spasms, to support the continued use of this medication. Also, the requested quantity is not specified. Therefore, the request for Zanaflex 4mg was not medically necessary.

TESTOSTERONE CYPIONATE 100MG/CC: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids) Page(s): 110-111.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that testosterone replacement for hypogonadism (related to opioids) is recommended in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels. Patient has been on this medication since July 2013. However, lab results from December 2013 showed high testosterone levels, and there are no physical findings consistent with low testosterone levels. Therefore, the request for Testosterone Cypionate 100mg/cc was not medically necessary.

ARMOUR THYROID 60MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/synthroid.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA.

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, and FDA was used instead. According to FDA, Armour Thyroid is used as replacement or supplemental therapy in patients with hypothyroidism, except for transient hypothyroidism during the recovery phase of subacute thyroiditis. This drug has not been found by FDA to be safe and effective, and this labeling has not been approved by FDA. Also, the patient does not present with findings of hypothyroidism, and laboratory results showed T3, T4, and TSH levels within normal limits. Therefore, the request for Armour Thyroid 60mg was not medically necessary.

GLUCOSAMINE/CHONDROITIN 500MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GLUCOSAMINE (AND CHONDROITIN SULFATE) Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate) Page(s): 50.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that Glucosamine and Chondroitin Sulfate are recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Patient has been on this medication since at least July 2013. In this case, there is no clear documentation of osteoarthritis to support the continued use of Glucosamine/Chondroitin. Also, the requested quantity is not specified. Therefore, the request for Glucosamine/Chondroitin 500mg was not medically necessary.

GYM MEMBERSHIP X 6 MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Gym memberships. Other Medical Treatment Guideline or Medical Evidence.

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, and ODG was used instead. According to ODG, gym memberships are not recommended unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Treatment needs to be monitored and administered by medical professionals. With unsupervised programs, there is no information flow back to the provider, and there may be risk of further injury to the patient. In this case, there is no documentation that the patient has previously had physical therapy and is continuing in an independent home exercise regimen. Also, there is no indication that there will be supervision of the patient's gym sessions. Therefore, the request for gym membership x 6 months was not medically necessary.