

<b>Case Number:</b>	CM14-0027265		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	05/26/2000
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 45-year-old female with a reported date of injury on 05/26/2000. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with increased neck pain with radiculopathy into the right arm and hand. On physical examination, the injured worker presented with strength equal, sensation slightly decreased in the right arm. Cervical spine range of motion was noted as decreased with extension to 30 degrees, flexion to 30 degrees, and bilateral rotation to 60 degrees. Previous conservative care includes Botox trigger point injections, and epidural steroid injections. Previous physical therapy was not provided within the documentation available for review. The injured worker's diagnoses include cervical degenerative disc disease; occipital neuralgia responsive to ESI, massage, and trigger point injections; disturbed sleep; and stress. The injured worker's medication regimen included Norco, amitriptyline, and Flexeril. The Request for Authorization for 1 trigger point injection with Botox to the trapezius and Norco 10/325 mg was submitted on 02/26/2014. The clinical note dated 04/23/2013 indicates the injured worker has previously had positive effects from Botox trigger point injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE TRIGGER POINT INJECTION WITH BOTOX TO THE TRAPEZIUS:** 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 Botulinum Toxin (Botox) Page(s): 25-26.

**Decision rationale:** The California MTUS Guidelines do not generally recommend Botox for chronic pain disorders, but recommended for cervical dystonia. Botox injections are not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; and trigger point injections. There is a lack of documentation related to the objective clinical findings of twitch on palpation. The clinical information provided for review indicates the injured worker presents with radicular pain. In addition, there is a lack of documentation related to previous physical therapy. In addition, the guidelines do not recommend Botox for trigger point injections. Therefore, the request for 1 trigger point injection with Botox to the trapezius is non-certified.

**NORCO 10/325MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommend ongoing management of opioids should include the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. According to the documentation provided for review, the injured worker has utilized Norco prior to 05/2013. The clinical note dated 09/27/2013, the injured worker rates her pain at 6/10. The clinical note dated 04/23/2014, the injured worker rates her pain at 8/10. There is a lack of documentation related to the functional therapeutic benefit and ongoing use of Norco. In addition, the clinical information provided for review lacks documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for Norco 10/325 mg is non-certified.