

<b>Case Number:</b>	CM14-0044916		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	06/01/2007
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Ohio and Texas. 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 32-year-old female who reported an injury on 06/01/2007 due to repetitive lifting of pans. The injured worker had a history of cervical and bilateral shoulder pain. The injured worker had a diagnosis of cervical disc disease, cervical radiculopathy, cervical musculoligamentous strain, status post impingement, and a status post rib resection at the thoracic outlet syndrome. The MRI dated 04/24/2014 revealed a mild disc desiccation at the C2-6, no diagnostics were available for review. Past treatment included physical therapy of unknown date. The medications included Soma 30 mg and Ambien 6.5 mg with reported pain level of 7/10 using the VAS scale. Per the clinical notes dated 05/02/2014 the Objective findings of the cervical spine revealed moderate tenderness to palpation, with spasms, trigger points extending to the left trapezius and the rhomboid muscles. Positive Spurling's sign, facet tenderness to palpation, range of motion revealed flexion of 20 degrees bilaterally, and extension 50 degrees bilaterally with a lateral rotation of 60 degrees on the right and 70 degrees on the left. The upper extremities revealed left shoulder pain at the acromioclavicular joint with 5/5 upper extremity muscle testing. The treatment plan included continued home exercises and stretches, pending electromyogram/nerve conduction study and urinalysis. The Request for Authorization dated 07/09/2014 was submitted with documentation. The rationale for the Botox injection to the left cervical was for complaints of moderate to severe neck pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Injection of Botox, Left cervical spine/Shoulder: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin (Botox, Myobloc) Page(s): 26.

**Decision rationale:** The request for Injection of Botox, Left cervical spine/Shoulder is not medically necessary. The California MTUS Guidelines do not generally recommend Botox for chronic pain disorders, but recommend it for cervical dystonia. Per the clinical notes provided, there was no evidence that the injured worker had cervical dystonia. The objective findings revealed a 5/5 strength to the upper extremities. Per the clinical note dated 05/02/2014 there no evidence that he injured worker was taking any pain relieving medication for the shoulder. The notes also indicated that the injured worker was encouraged to continue home exercises and stretches. The California MTUS Guidelines do not recommend Botox for the shoulder region. As such, the request is not medically necessary.

**Toxicology - Urine Drug Screen: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94-95. Decision based on Non-MTUS Citation ODG updated, 2014: Urine drug testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**Decision rationale:** The request for Toxicology - Urine Drug Screen is not medically necessary. Per the California MTUS Guidelines recommend drug testing as an option using a drug screen to assess for the use or the presence of illegal drugs. Per the urinalysis collected on 01/03/2014, the drug screen tested positive for marijuana and marijuana metabolite. No results for any opiates. Per the 05/02/2014 clinical notes, there was a drug screen performed on 03/07/2014 that stated was consistent with medications being prescribed. However, the toxicology report was not submitted with documentation for review. Per the 05/02/2014 chart notes, the injured worker denied any illegal drug use. As such, the request is not medically necessary.

**Ambien R 12.5mg, #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain chapter: Zolpidem (Ambien (R)).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Zolpidem (Ambien).

**Decision rationale:** The request for Ambien R 12.5mg, #30 is not medically necessary. The Official Disability Guidelines recommend zolpidem as a short acting nonbenzodiazepine hypnotic, which is approved for the short-term (usually 2 to 6 weeks) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short-term benefit. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. Per the documentation provided, the injured worker was prescribed Ambien on 03/07/2014 and again on 05/02/2014, which exceeds the 4 to 6 weeks. Per the 05/02/2014 clinical note, the Ambien had been cut down from 12.5 mg to 6.25 mg. No results of the effectiveness of the Ambien with the decrease in milligrams. The request is for 12.5 mg, but the injured worker is no longer taking. As such, the request is not medically necessary.