

Case Number:	CM15-0007333		
Date Assigned:	01/22/2015	Date of Injury:	06/28/2000
Decision Date:	03/19/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/13/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 63-year-old female who reported an injury on 06/28/2000. The mechanism of injury was due to an injury that occurred in the course of her usual work duties. The injured worker's diagnoses consist of cervical radiculopathy, status post cervical spinal fusion, chronic pain, lumbar postlaminectomy syndrome, lumbar radiculopathy, inguinal neuralgia, constipation unspecified, myoclonic neck spasms and cervical dystonia. Past medical history consists of surgery, the use of a TENS unit, Botox injections and medication therapy. Medications consistent Butalbital/APAP/caffeine (Fioricet), fentanyl patches, hydrocodone/APAP, Norflex, pantoprazole, Senokot, tizanidine, vitamin D, Ambien, atenolol, Ativan, Cozaar, hydralazine, trazodone, spironolactone, vitamin C, vitamin D3, Zofran and Zoloft. On 10/14/2014, the injured worker underwent a urine drug screen showing that the injured worker was noncompliant with prescription medications. On 12/09/2014, the injured worker was seen for a follow-up where she complained of neck pain that radiated down bilateral upper extremities. The injured worker rated the pain at a 4/10 to 5/10 in intensity on average with medications and an 8/10 to 10/10 in intensity without medications. Physical examination of the cervical spine revealed that there were spasms bilaterally in the trapezius muscles and C3-7. Spinal cord tenderness was noted in the cervical spine C4-5 level. Range of motion of the cervical spine was severely limited due to pain. Pain was significantly increased with flexion, extension and rotation. Medication treatment plan is for the injured worker to undergo Botox injections for cervical dystonia, continue with medication therapy and have home assistance 3 times a week. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injection: for cervical dystonia: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc).

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

Decision rationale: The request for Botox injections for cervical dystonia is not medically necessary. The California MTUS Guidelines state that current evidence does not support the use of Botox trigger point injections for myofascial pain. It is, however, recommended for cervical dystonia, a condition that is not generally related to Workers' Compensation and is characterized as a movement disorder of the nuchal muscles, characterized by tremor by tonic posturing of the head in a rotated, twisted or abnormally flexed or extended position or some combination of these positions. It was noted that the in worker had a diagnosis of cervical dystonia. However, there were no objective physical findings to corroborate the diagnosis. Additionally, the efficacy of previous injections was not submitted for review. Given the above, the request would not be indicated. As such, the request is not medically necessary.

Bulalbital-apap-caffeine 50-325-40mg; BID#60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

Decision rationale: The request for Butalbital/APAP/caffeine (Fioricet) is not medically necessary. The California MTUS Guidelines do not recommend Fioricet for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinical improvement enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. There is a risk of medication overuse, as well as rebound headache. The efficacy of the medication was not submitted for review, nor did it indicate that the medication was helping that any functional deficits the injured worker had. Based on the clinical information submitted for review and using the evidence based guidelines, the request would not be indicated. Given that there were no other significant factors provided to justify the use outside of current guidelines, the request is not medically necessary.

Home assistance; three (3) times a week per patient's request: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: The request for home assistance 3 times a week per the patient's request is not medically necessary. The California MTUS Guidelines recommend home health services only for otherwise recommended medical treatment for patients who are homebound on a part time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning and laundry and personal care given by home health aides like bathing, dressing and using the bathroom, when this is the only care needed. The submitted documentation did not indicate that the injured worker was homebound, nor was there evidence that the injured worker was unable to do for one self. Additionally, there was no rationale submitted to warrant the request. Given the above, the request would not be indicated. As such, the request is not medically necessary.