

Case Number:	CM15-0180565		
Date Assigned:	09/22/2015	Date of Injury:	07/02/1996
Decision Date:	10/26/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/14/2015

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

Certification(s)/Specialty: Emergency Medicine

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(n) 68 year old male, who sustained an industrial injury on 7-3-96. The injured worker was diagnosed as having chronic pain syndrome, cervicgia, pain in the thoracic spine and spasmodic torticollis. The physical exam (4-15-15 through 7-1-15) revealed 7-8 out of 10 pain, palpable tenderness on both sides of the neck, trigger points on the right trapezius and 2+ spasms bilaterally. Treatment to date has included acupuncture with "mild" relief, physical therapy, a TENS unit and a bilateral C5-C6 radiofrequency ablation on 2-20-15 with over 80% relief. Current medications include Gabapentin, Acyclovir, Fosamax, Lipitor, Celebrex and Norco (since at least 2-11-15). As of the PR2 dated 8-11-15, the injured worker reports ongoing neck pain with radiation to the bilateral trapezius. There was no documentation of current pain level or pain with and without medications. Objective findings include palpable tenderness on both sides of the neck, trigger points on the right trapezius and 2+ spasms bilaterally. The treating physician requested Botox injection, 100 units x 1, Norco 10-325mg #120 and Celebrex 200mg #60. The Utilization Review dated 8-19-15, non-certified the request for Botox injection, 100 units x 1, modified the request for Norco 10-325mg #120 to #100 and Celebrex 200mg #60 to #30 and certified the request for a follow-up office visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injection, 100 units, Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back - Botox injections; Low Back - Botox injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Botulinum toxin (Botox Myobloc).

Decision rationale: The requested Botox injection, 100 units, Qty 1, is not medically necessary. CA MTUS 2009 - Chronic Pain Treatment Guidelines 7/18/2009, Pages 25-26, Botulinum toxin (Botox; Myobloc) noted: Not generally recommended for chronic pain disorders, except for cervical dystonia. The injured worker has ongoing neck pain with radiation to the bilateral trapezius. There was no documentation of current pain level or pain with and without medications. Objective findings include palpable tenderness on both sides of the neck, trigger points on the right trapezius and 2+ spasms bilaterally. The treating physician has not documented evidence of cervical dysontia. The criteria noted above not having been met, Botox injection, 100 units, Qty 1 is not medically necessary.

Norco 10/325 mg qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The requested Norco 10/325 mg qty 120 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has ongoing neck pain with radiation to the bilateral trapezius. There was no documentation of current pain level or pain with and without medications. Objective findings include palpable tenderness on both sides of the neck, trigger points on the right trapezius and 2+ spasms bilaterally. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325 mg qty 120 is not medically necessary.

Celebrex 200 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The requested Celebrex 200 mg Qty 60 is not medically necessary. California's Division of Workers Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note for specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The injured worker has ongoing neck pain with radiation to the bilateral trapezius. There was no documentation of current pain level or pain with and without medications. Objective findings include palpable tenderness on both sides of the neck, trigger points on the right trapezius and 2+ spasms bilaterally. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Celebrex 200 mg Qty 60 is not medically necessary.