MAXIMUS Federal Services

Case Number:	CM15-0058962		
Date Assigned:	04/03/2015	Date of Injury:	07/28/2010
Decision Date:	05/28/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	03/27/2015

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: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 58 year old female who sustained an industrial injury on 07/28/2010 as a result of cumulative trauma. Diagnoses include subluxation of scapulothoracic joint; depressive disorder; cervical facet joint pain; sleep disorder; chronic low back pain; chronic pain syndrome; intermittent anteriorlateral thigh numbness. Treatments to date include medications, massage therapy with relief, and trigger point injection. The injured worker presented on 02/20/2015 for a follow up evaluation with complaints of cervical spine pain, right shoulder pain, and depressive symptoms. The physician indicated the injured worker had a diagnosis of snapping scapular syndrome. There is evidence to suggest a series of 3 injections can provide excellent pain relief. The current medication regimen includes cyclobenzaprine, gabapentin, hydrocodone 5/325 mg, melatonin, omeprazole, Pristiq, Rozerem, and trazodone. Upon examination, there was tenderness noted over the paraspinal muscles overlying the facet joints in the cervical spine with 2+ muscle spasm noted over the trapezius muscle. Examination of the upper extremities revealed normal range of motion of the bilateral shoulders, elbows, and wrists. Treatment recommendations at that time included an injection of the subscapularis bursa, Botox injections, and prescriptions for Rozerem, trazodone, and melatonin. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox 100 units, prescribed 2-20-15: 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 Page(s): 25-26.

Decision rationale: The California MTUS Guidelines do not recommend Botox for chronic pain disorders. Botox is recommended for cervical dystonia. The injured worker does not maintain a diagnosis of cervical dystonia. The request as submitted also failed to indicate the specific body part to be treated. Given the above, the request is not medically necessary.

Rozerem 8mg #10, prescribed 2-20-15: Upheld

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

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

Decision rationale: The Official Disability Guidelines recommend insomnia treatment based on etiology. The injured worker does maintain a diagnosis of sleep disorder. However, the injured worker is utilizing Rozerem 8 mg, trazodone 50 mg, and melatonin 3 mg. The medical necessity for 3 separate medications has not been established in this case. There is also no frequency listed in the request. Given the above, the request is not medically necessary.

Melatonin 3mg #10, prescribed 2-20-15: 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), Head chapter.

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

Decision rationale: The Official Disability Guidelines recommend insomnia treatment based on etiology. The injured worker does maintain a diagnosis of sleep disorder. However, the injured worker is utilizing Rozerem 8 mg, trazodone 50 mg, and melatonin 3 mg. The medical necessity for 3 separate medications has not been established in this case. There is also no frequency listed in the request. Given the above, the request is not medically necessary.

Injection of the Subscapular Bursa x 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Online search "The Snapping Scapula: Diagnosis and Treatment" (http://www.orthodoc.aaos.org/provencher/snapping%20scapula%20-%20diagnosis%20and%20treatment.pdf).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state invasive techniques have limited proven value. If there is pain with elevation that significantly limits activities, a subacromial injection of a local anesthetic and a corticosteroid preparation may be indicated after conservative therapy for 2 to 3 weeks. In this case, there was no mention of an attempt at any recent conservative management. The request for 3 separate injections would not be supported as the injured worker's response to the initial injection would need to be documented prior to the administration of additional injections. Given the above, the request is not medically necessary.