

Case Number:	CM15-0082666		
Date Assigned:	05/05/2015	Date of Injury:	02/14/2013
Decision Date:	06/09/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/29/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 51-year-old female, who sustained an industrial injury on February 14, 2013. The injured worker was diagnosed as having left chronic shoulder chronic pain with ankyloses, neck myofascial pain syndrome, occipital neuralgia and migraine headaches, left upper extremity myofascial pain syndrome with guarding, lateral brachial cord and axillary nerve neuralgia, pain induced depression and anxiety, insomnia, non-industrial intracranial meningioma, non-industrial cardiovascular disorder and non-industrial seizure disorder.

Treatment to date has included medications and PT. Currently, the injured worker complains of pain that radiates from the left shoulder to the left side of her neck and the back of her head, with daily chronic migraine headaches with nausea. The Treating Physician's report dated March 23, 2015, noted the injured worker's activities of daily living (ADLs) remained significantly limited by the severity of the pain in the left shoulder and neck. The cervical spine posterior lateral left facets from C2-C6 remained severely tender, with all activity aggravating the left posterior neck pain. Occipitals and suboccipitals were noted to be moderately to severe tender, with upper rib, scalene, trapezial, and scapulae muscle spasms. The treatment plan was noted to include continued medications as prescribed, initiation of HysingLa, and requests for Botox injections to reduce the severity of the chronic migraine headaches related to her shoulder condition. There was approval for additional CBT and psychological consultation in December 2014. The medications listed are Hysingla (Hydrocodone Bitartrate), Topiramate and Temazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hysingla ER (Hydrocodone Bitartate) 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain when standard treatments with NSAIDs, co-analgesics and PT have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation, addiction, opioid induced hyperalgesia and adverse interactions with other sedatives. The records show that the patient is utilizing opioids and multiple sedatives concurrently. There is no documentation of failure of treatment with NSAIDs and non -opioid co-analgesics. There is documentation of sedative and concentration problems with utilization of opioids and sedatives. The guidelines recommend that chronic pain patients with significant psychosomatic symptoms and those with neuropathic pain syndromes be treated with anticonvulsant and antidepressant medications. The records show that the patient have significant neuropathic pain syndromes that respond poorly to opioids. The criteria for the use of Hysingla ER (hydrocodone bitartrate) 20mg #30 were not medically necessary.

Prophylactic Botox chemoneurotomy in scalp muscles injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin Page(s): 23, 25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Head. Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of severe pain syndromes when conservative treatments with medications and PT have failed. The records did not show that the patient failed treatments with standard prophylactic and abortive headache medications. There are significant psychosomatic conditions that have not been fully addressed. The guidelines indicated that there is decreased efficacy of interventional procedures and medications management in patients with significant psychosomatic disorders. There is no documentation of treatments with neuropathic medications for the diagnosed neuralgias and headache. The criteria for the use of the prophylactic Botox injections to the scalp muscles were not medically necessary.