

<b>Case Number:</b>	CM14-0152881		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	07/06/2011
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Pain Management and is licensed to practice in California. 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 62 year old male with a date of injury on 7/6/2011. Per the December 10, 2013 records, the injured worker reported that he had no relief from diagnostic blocks. He continued with bilateral axial pain and return of headaches that were somewhat improved with acupuncture. He reported that reading and driving increased headaches and nausea. He continued with axial pain radiating to the right scapula. He also reported a "squishy feeling" in his neck and rated his pain as 7/10. On examination, range of motion was bothersome and caused pain. Cervical magnetic resonance imaging (MRI) scan dated January 16, 2013 demonstrated disc injury at C5-6 and annular tear at C3-4. Most recent records dated August 22, 2014 noted that the injured worker returned to his provider for re-evaluation of his cervical spine and consideration of injections. He reported that he was being arranged for a qualified medical evaluation (QME). He continued to report discomfort primarily affecting the left posterior cervical area but also has symptoms affecting the right cervical area on a daily basis. He reported that he was occasional taking Vicodin and pain affected his cervical spine most days of the week. On examination, he has pain with cervical spine range of motion. He indicated discomfort to the left cervical area near the lower cervical region as well as on the right. Pain increased with extension and lateral bending to the left and right. Discomfort was noted on palpation along the course of the greater occipital nerve bilaterally, left greater than right. He was diagnosed with cervical disc degeneration and neck pain and radiculopathy and right shoulder pain improved and stable after rotator cuff surgery performed on August 23, 2012.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consult for possible Botox injection for muscular pain:** Upheld

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

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

**Decision rationale:** According to evidence-based guidelines, Botox injections are not generally recommended for chronic pain disorders specifically tension-type headache, fibromyositis, chronic neck pain, myofascial pain syndrome, and trigger point injections. It is however recommended for cervical dystonia and urinary incontinence following spinal cord injury, spasticity following traumatic brain injury (TBI), and is under study for migraines. In this case, the injured worker presents chronic neck pain and does not exhibit any of the specific indications as mentioned above. In addition, the records do not indicate if the all possible conservative treatments have been exhausted. Therefore, the medical necessity of the requested consult for possible Botox injection for muscular pain is not established.

**Vicodin 5/500mg Qty: 90 + 4 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-78.

**Decision rationale:** The provided records does not clearly state whether the requested Vicodin 5/500mg is being utilized in the long-term or for an acute exacerbation of pain. However, based on the records received the injured worker is complaining of the same set of problems without any clear evidence of a change in the objective findings. The pain measurement provided was in December 2013 where the injured worker rated his pain as 7/10. No other objective pain measurements were documented in the documents provided after the December 2013 records whereas evidence-based guidelines indicate that the 4A's of monitoring should always be documented in every encounter. Therefore, this request is not medically necessary.