

Case Number:	CM14-0213680		
Date Assigned:	12/31/2014	Date of Injury:	06/06/2003
Decision Date:	02/25/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: Physical Medicine & Rehabn

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 patient is a 50-year-old female with a date of injury of 08/06/2003. According to progress report dated 10/29/2014, the patient presents with neck pain, pain in her jaw, and migraines. The patient reports pain severity on this date as 8/10. The pain radiates to the top of her head. Her migraines are associated with blurred vision, nausea, and sensitivity to light and sound. She reports an average of 25 headaches per month. The patient is utilizing Norco which has not been helpful for her neck pain or migraines. She is asking for some other type of pain medication today. The patient has been seen by a neurologist, ENT, and has had an MRI of the brain to rule out any pathology. Treating physician notes that the patient is a candidate for a trial of Botox. Examination revealed pulse 73, blood pressure of 125/50, and weight is 147 pounds. The patient reports anxiety. There is tenderness and spasm noted in the cervical paraspinal muscles. Stiffness was noted on range of motion of the cervical spine. There is limited range in flexion and extension, side bending to 20 degrees associated with pain. There is tenderness to the left TMJ and clicking noted on motion. Tenderness to the occipital region was documented and dysesthesia to light touch to the right C7 dermatome. The listed diagnoses are: 1. clinically consistent cervical radiculopathy. 2. Posttraumatic headache. 3. TMJ arthritis/pain. 4. Possibility of right ulnar neuritis. 5. Neck pain. The patient is currently on modified duty. Treatment plan is for prescription Nucynta ER 50 mg for breakthrough pain, Botox 20-unit vial for headaches, and omeprazole 20 mg #30. The utilization review denied the request on 12/02/2014. The medical file provided for review includes 2 progress reports dated 10/10/2014 and 10/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 50mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

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

Decision rationale: The patient presents with chronic neck pain with associated migraines and complaints of jaw pain. The current request is for Nucynta ER 50 mg #30. According to progress report dated 10/29/2014, the patient reported that she has been utilizing Norco which has not been helpful for her neck pain or migraines. The patient was inquiring regarding another option for pain medication. This is an initial request for Nucynta. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried considering the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. In this case, the patient has stated that Norco was ineffective in reducing her neck pain and frequent migraines. The treating physician has provided a baseline assessment regarding pain and is seeking a trial of Nucynta. Considering that Norco has been ineffective, a trial of Nucynta is within MTUS Guidelines. The requested medication is medically necessary.

Botox 200 unit vial: Upheld

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

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

Decision rationale: This patient presents with neck pain associated with frequent migraines and complaints of pain in her jaw. The current request is for Botox unit's 200-unit vial. MTUS Guidelines page 25 and 26 has the following regarding Botox, "not generally recommended for chronic pain disorder but recommended for cervical dystonia." It further states, "Not recommended for tension-type headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome, and trigger point injections." In this case, there is no discussion of cervical dystonia as required by MTUS for the consideration of Botox injections. This request is not medically necessary.

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Omeprazole Page(s): 68-69.

Decision rationale: This patient presents with neck pain associated with frequent migraines and complaints of pain in her jaw. The current request is for omeprazole 20 mg #30. The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) Highdose/multiple NSAID. In this case, there is no indication that the patient is taking NSAID to consider the use of omeprazole. Furthermore, the treater provides no discussion regarding GI issues such as gastritis, ulcers, or reflux that would require the use of this medication. This request is not medically necessary.