

Case Number:	CM14-0214211		
Date Assigned:	01/07/2015	Date of Injury:	08/16/1998
Decision Date:	02/28/2015	UR Denial Date:	12/17/2014
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: Texas, Ohio, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of August 15, 1998. In a Utilization Review Report dated December 17, 2014, the claims administrator failed to approve requests for Dilaudid, tizanidine, Botox injection, and urine drug screen. Celebrex, however, was approved. The claims administrator referenced a November 27, 2014 progress note in its denial. The applicant's attorney subsequently appealed. In an August 14, 2014 progress note, the applicant was referred to neurology owing to issues with residual neck pain status post earlier failed cervical fusion surgery. In a progress note dated August 20, 2014, the applicant reported persistent complaints of shoulder, neck, arm, and leg pain, 7-8/10. The applicant was having difficulty performing activities of daily living as basic as standing, walking, bending, and twisting. The applicant had received recent manipulative therapy, it was acknowledged. CT imaging of the cervical spine and electrodiagnostic testing of the upper extremities were endorsed. The applicant was given a primary diagnosis of cervical pseudoarthrosis. In a March 16, 2013 progress note, the applicant was continued on Dilaudid, Prilosec, and Cymbalta. A neurosurgical evaluation was endorsed as of that point in time. The applicant's work status was not clearly stated. The applicant was apparently still using Dilaudid on August 29, 2013. 7-8/10 pain complaints were appreciated. The applicant was deemed disabled on this date, it was acknowledged. In a handwritten note dated November 26, 2014, difficult to follow, not entirely legible, the applicant reported persistent complaints of neck pain. The applicant was reportedly

using Vicodin, naproxen, Vioxx, and Percocet, it was suggested. The note was extremely difficult to follow. The applicant was having ongoing issues with neck pain and spasms. The applicant was diabetic and hypertensive, it was acknowledged. The applicant was status post multiple shoulder and cervical spine surgery. The attending provider suggested that the applicant had had trigger point injections in the past. The applicant was given diagnoses of shoulder pain, neck pain, and myofascial pain syndrome. Tizanidine was apparently suggested on a trial basis. The applicant was also asked to try Celebrex and Dilaudid. Botox injections to the neck were endorsed. The applicant's work status was not clearly reported on this occasion, although it did not appear that the applicant was working, based on historical notes and files.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 2 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: Unlike the request for Tizanidine, the request for Dilaudid did appear to be a renewal request, as multiple historical progress notes, referenced above, suggested that the applicant was using Dilaudid at various points in time, as early as 2013. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is off of work. The applicant had been disabled, several historical progress notes, referenced above, suggested. The attending provider's handwritten note of November 26, 2014 likewise failed to outline any material improvements in function and/or quantifiable decrements in pain achieved as a result of historical Dilaudid usage. Therefore, the request is not medically necessary.

Tizanidine 2 MG #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine/Zanaflex Page(s): 66.

Decision rationale: The request for Tizanidine appears to represent a first time request for the same, based on the attending provider's documentation of November 26, 2014. As noted on page 66 of the MTUS Chronic Pain Medical Treatment Guidelines, Tizanidine is FDA approved in the management of spasticity but is reportedly recommended as a first-line option for myofascial pain and/or fibromyalgia, as were reported here on the handwritten note of November 26, 2014. The attending provider stated on that date that Tizanidine represented a first-time request for the applicant's myofascial pain complaints. Introduction of the same was, thus, indicated. Therefore, the request was medically necessary.

Botox Injection 200 Units: Upheld

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

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

Decision rationale: As noted on page 25 of the MTUS Chronic Pain Medical Treatment Guidelines, Botox injections are not generally recommended for chronic pain disorders but are recommended for cervical dystonia. Page 26 of the MTUS Chronic Pain Medical Treatment Guidelines goes on to note that the Botox injections are not recommended for chronic neck pain and/or myofascial pain syndrome, i.e., the primary pain generators here. The applicant was describes as having myofascial pain complaints on November 26, 2014. The applicant had a history of longstanding, chronic neck pain; status post earlier failed cervical fusion surgery. The proposed Botox injection, thus, was not indicated in the clinical context present here. Therefore, the request was not medically necessary.

Urine Drug Screen: 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), Chronic Pain Chapter, Urine Drug Testing

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's chronic pain chapter urine drug testing topic, however, stipulates that an attending provider attach an applicant's complete medication list to the request for authorization for testing, states that an attending provider should eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, states that an attending provider should clearly outline list of those medications which an applicant was taking and identify when an applicant was last tested. Here, the handwritten note of November 26, 2014 did not clearly state when the applicant was last tested. It was not clearly stated what drug tests and/or drug panels were being tested for. The applicant's complete medication list was not attached. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.

