

Case Number:	CM14-0218786		
Date Assigned:	01/08/2015	Date of Injury:	01/03/2013
Decision Date:	03/12/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/30/2014

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 57-year-old female with a cumulative work related injury dated January 3, 2013. In the physician's visit dated November 20, 2014, the worker was complaining of ongoing neck and back pain. The pain was rated a five to six on a scale of ten. The worker had an epidural steroid injection on November 7, 2014, which decreased her pain on the right upper extremity as well as increased range of motion. Physical exam was remarkable for increased tenderness to the lumbar paraspinal muscles bilaterally with decreased range of motion in all planes and reproducible pain in this area. Diagnoses at this visit included chronic persistent neck and right shoulder pain and chronic low back pain with radiculopathy. Plan of care included a refill of Zanaflex 4mg, Botox 300 units, and one injection at each level for a total of ten injections. Work status at this visit included working four hours per day, which is the maximum level documentation by the treating physician. The utilization review decision dated December 16, 2014 non-certified the request for Botox injections 30 units each injection, quantity ten and Zanaflex 4mg, quantity 120. The Botox injections were denied based on CA MTUS Chronic Pain Medical Treatment Guidelines which states Botox is not generally indicated for chronic pain disorders but recommended for cervical dystonia. The documented diagnoses were not covered under the guidelines. The Zanaflex was denied based on the CA MTUS Chronic Pain Medical Treatment Guidelines which reflect this medication is used for muscle spasms and the documentation reviewed did not reflect that the worker had a diagnoses of muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injections 30 units each;. quantity 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin Page(s): 26.

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

Decision rationale: The request for Botox injections 30 units each with a quantity of 10 is not medically necessary. The California MTUS states that Botox is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Cervical dystonia is a condition that is not generally related to workers' compensation injuries, and is characterized as a movement disorder of nuchal muscles characterized by tremor or by tonic posturing of the head in a rotated, twisted, or abnormally flexed or extended position, or some combination of these positions. The injured worker does not have a diagnosis congruent with the guideline recommendations. There are no exceptional factors noted in the documentation provided to support approving outside the guideline recommendations. As such, medical necessity has not been established.

Zanaflex 4mg quantity 120 that was dispensed on 11/20/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ant spasticity/ Antispasmodic Drugs Page(s): 66.

Decision rationale: The request for Zanaflex 4 mg with a quantity 120 that was dispensed on 11/20/2014 is not medically necessary. The California MTUS state that Zanaflex is essentially a centrally acting alpha 2 adrenergic agonist that is FDA approved for management of spasticity. One study demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome may provide benefit as an adjunct treatment for fibromyalgia. There is no information on treatment history or length of time the injured worker has been prescribed Zanaflex. There is no information on the efficacy of the prior use of the medication. Additionally, there are no muscle spasms noted on physical examination. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.