

<b>Case Number:</b>	CM15-0004525		
<b>Date Assigned:</b>	01/20/2015	<b>Date of Injury:</b>	01/15/1997
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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: California

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:

The injured worker is a 55 year old female with an industrial injury dated 01/15/1997. On 10/16/2014 she presented for follow up complaining of headaches. Physical exam revealed tenderness of the paracervicals, the trapezius, the rhomboid and trapezius trigger point pain. Sensation was normal. On 12/22/2014 at follow up visit she was complaining of ongoing headache. She states she did benefit from previous Botox and trigger point injections. She received a trigger point injection at this visit. Prior surgery included cervical fusion. Diagnoses were spasm, cervical post laminectomy syndrome - cervical region and chronic pain syndrome. On 12/30/2014 Utilization review non-certified the request for Botox injection noting there is insufficient evidence to support or refute a benefit of Botox injection for the treatment of chronic daily headaches .ODG and MTUS Guidelines were cited. The request for Hydrocodone/acetaminophen 10/325 mg # 120 was non-certified noting there is no documented symptomatic or functional improvement from its previous usage. MTUS Guidelines were cited. The request for Actiq 600 mg # 20 was non-certified noting there was insufficient documentation contraindicating other guideline-supported treatment for the patient's condition. MTUS Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botox Injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG) Treatment in Workers' Comp, 9th edition (web)

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

**Decision rationale:** According to Maximus Notice of Assignment letter, the Botox injections were denied by a 12/30/15 Utilization Review letter. The 12/30/15 denial letter was not provided for review. According to the 10/16/14 medical report, the patient has increased intensity and frequency of migraine headaches. She has history of cervical fusion and lap band surgery. She is 55 years-old, 5'4", 210 lbs, and has palpable trigger points in the cervical paraspinals. She has been diagnosed with: Spasm of muscle; postlaminectomy syndrome, cervical region; chronic pain syndrome. Botox injections were requested for the cervical spine. MTUS Chronic Pain Medical Treatment Guidelines, pages 25-26 for Botulinum toxin (Botox; Myobloc) states "Not generally recommended for chronic pain disorders, but recommended for cervical dystonia. See more details below." And "Not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections." "MTUS does not recommend Botox injections for chronic neck pain or migraine headaches. The request for Botox Injection IS NOT medically necessary.

**Hydrocodone/acetaminophen 10/325mg QTY: 120.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** According to Maximus Notice of Assignment letter, the hydrocodone was denied by a 12/30/15 Utilization Review letter. The 12/30/15 denial letter was not provided for review. 3 medical reports are provided for review from 3/5/14 to 10/16/14. According to the 10/16/14 medical report, the patient has increased intensity and frequency of migraine headaches. She has history of cervical fusion and lap band surgery. She is 55 years-old, 5'4", 210 lbs, and has palpable trigger points in the cervical paraspinals. She has been diagnosed with: Spasm of muscle; postlaminectomy syndrome, cervical region; chronic pain syndrome. She takes Vicodin 4 times/day, which helps. The 3/5/14 orthopedic report states the patient is using Norco 4x/day. This is reiterated on the 8/13/14 report. None of the reports discuss efficacy of medications. MTUS Chronic Pain Medical Treatment Guidelines, page 88-89 for "Opioids, long-term assessment CRITERIA FOR USE OF OPIOIDS Long-term Users of Opioids [6-months or more]" provides the criteria "Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain

should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." The available medical reports did not document pain or functional improvement compared to a baseline using a numerical scale or validated instrument. There was no reporting to suggest a satisfactory response with decreased pain or improved function or quality of life. The MTUS criteria for continued use of opioids for long-term has not been met. Based on the available reports, the request for Hydrocodone/acetaminophen 10/325mg, QTY: 120.00, IS NOT medically necessary.

**Actiq 600mg QTY: 20.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 12.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Actiq/fentanyl lollipop Page(s): 12.

**Decision rationale:** According to Maximus Notice of Assignment letter, the Actiq was denied by a 12/30/15 Utilization Review letter. The 12/30/15 denial letter was not provided for review. 3 medical reports are provided for review from 3/5/14 to 10/16/14. According to the 10/16/14 medical report, the patient has increased intensity and frequency of migraine headaches. She has history of cervical fusion and lap band surgery. She is 55 years-old, 5'4", 210 lbs, and has palpable trigger points in the cervical paraspinals. She has been diagnosed with: Spasm of muscle; postlaminectomy syndrome, cervical region; chronic pain syndrome. None of the provided medical reports discuss use of Actiq. MTUS Chronic Pain Medical Treatment Guidelines, page 12 for Actiq/fentanyl lollipop states "Not recommended for musculoskeletal pain."The use of Actiq for neck pain and muscle spasm is not in accordance with MTUS guidelines. The request for Actiq 600mg QTY: 20.00, IS NOT medically necessary.