MAXIMUS Federal Services

Case Number:	CM15-0128845		
Date Assigned:	07/15/2015	Date of Injury:	06/02/1999
Decision Date:	08/18/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/03/2015

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 53 year old female, who sustained an industrial injury on 06/02/1999, secondary to working as a court reporter. On provider visit dated 06/15/2015 the injured worker has reported minimal pain. On examination the injured worker was noted to have minimal tight-taut back of muscles in the neck and shoulder girdle musculature. The diagnoses have included other symptoms referable upper arm joint and other symptoms referral hand joint and unspecified myalgia and myositis. Treatment to date has included laboratory studies, massage therapy, acupuncture, physical therapy, injections and medication. The provider requested Botox 100 units into cervical and scapular muscles and compound cream 300 gms with 1 refill: Amantadine 8%, Diclofenac 3%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 10%, Bupivacaine 5%, Pentoxifyline 10%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox 100 units into cervical & scapular muscles: 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 Page(s): 25-26.

Decision rationale: The patient presents with chronic neck and scapular pain that limits her daily function. The request is for BOTOX 100 UNITS INTO CERVICAL & SCAPULAR MUSCLES. The request for authorization is dated 06/16/15. Physical examination reveals multiple areas of tenderness in the right scapular bursa region. Her neck range of motion was good. Her upper extremity range of motion was good. She was noted to have forward rotated shoulders. She had minimal tight/taut bands of muscles in the neck and shoulder girdle musculature. She states the Botox injections on 04/01/15, seems to have given her a lot of pain relief. Her pain is minimal. She will have occasional spasms but she is able to control the spasms with stretching. She still has arm pains that occur over the medial and lateral surface of the elbows that occurs on the right more than left side. She feels the Botox is still working for her neck and shoulder girdle muscles. She was given a right scapular bursa injection on 01/22/15. She has tried a compounded cream for her elbows which seems to have helped her elbow pains. She tried Topamax and it caused significant vision problems and she was told to stop the medication by her ophthalmologist. Her vision is still not back to normal. Per progress report dated 06/15/15, the patient to remain off-work. MTUS Guidelines, pages 25-26, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Botulinum toxin (Botox; Myobloc) not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. Not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Per progress report dated 06/15/15, treater's reason for the request is "for repeat Botox injections 100 units as she had a great result and she is currently on OTC medications for her neck and scapular pain." Per progress report dated 01/15/15, treater also states, "She will need Botox to help give her more prolonged relief of chronic myofascial pain. She states she receives good relief with trigger point injections but the trigger point injections only lasts 1-2mo's." However, MTUS does not support Botox injections for neck pain, or myofascial pain, per patient's diagnosis. Furthermore, there is no documentation of cervical dystonia, for which Botox injections would be indicated. Therefore, the request IS NOT medically necessary.

Compound cream 300gms with 1 refill: Amantadine 8%, Diclofenac 3%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 10%, Bupivacaine 5%, Pentoxifyline 10%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The patient presents with chronic neck and scapular pain that limits her daily function. The request is for COMPOUND CREAM 300GMS WITH 1 REFILL: AMANTADINE 8%, DICLOFENAC 3%, BACLOFEN 2%, CYCLOBENZAPRINE 2%, GABAPENTIN 10%, BUPIVACAINE 5%, FENTOXIFYLINE 10%. The request for authorization is dated 06/16/15. Physical examination reveals multiple areas of tenderness in the right scapular bursa region. Her neck range of motion was good. Her upper extremity range of motion was good. She was noted to have forward rotated shoulders. She had minimal tight/taut bands of muscles in the neck and shoulder girdle musculature. She states the Botox injections on 04/01/15, seems to have given her a lot of pain relief. Her pain is minimal. She will have occasional spasms but she is able to control the spasms with stretching. She still has arm pains that occur over the medial and lateral surface of the elbows that occurs on the right

more than left side. She feels the Botox is still working for her neck and shoulder girdle muscles. She was given a right scapular bursa injection on 01/22/15. She has tried a compounded cream for her elbows which seems to have helped her elbow pains. She tried Topamax and it caused significant vision problems and she was told to stop the medication by her ophthalmologist. Her vision is still not back to normal. Per progress report dated 06/15/15, the patient to remain off-work. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxants as a topical product." Per progress report dated 06/15/15, treater's reason for the request is "for a compound cream for the bilateral elbow pain." MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Gabapentin, Cyclobenzaprine and Baclofen, which are not supported for topical use. Therefore, the request IS NOT medically necessary.