MAXIMUS Federal Services

Case Number:	CM13-0018454		
Date Assigned:	10/11/2013	Date of Injury:	06/07/2013
Decision Date:	01/10/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 24-year-old woman who was injured 6/7/2013, struck by a beam from a shelf system, which fell on her head. She was seen at urgent care and had staples and had persistent pain in her right hand where she caught the beam. ER note from the next day indicates that she was having pain in the neck and headache, new since the trauma. Examination in the emergency department was neurologically normal. There was concern given headaches, nausea, and vomiting that she had a concussion and she was treated with Zofran and underwent a head CT scan which was normal. Subsequently she had negative brain MRI without contrast. Follow-up assessments included examination showing restricted neck range of motion and she was diagnosed as having strain of the neck, thoracic spine, wrist, hand, and rotator cuff. She was having nausea, and Zofran was prescribed. In July she was noted to be experiencing daily moderate to severe headaches, with neck and back pain. Note from orthopedist in October indicates that her headaches were decreasing. Approval for Zofran, Botox injections and occipital nerve blocks have been denied, and are being appealed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occipital nerve block: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California MTUS ODG (Head Chapter); ODG (Neck Chapter)..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Head Chapters and Expert consensus recommendations for the performance of peripheral nerve blocks for headaches--a narrative review. Blumenfeld A, Ashkenazi A, Napchan U, Bender SD, et al. Headache. 2013 Mar;53(3):437-

Decision rationale: Occipital blocks are commonly used as abortive treatment for acute migraine, and may be beneficial for other headache disorders, including cluster headache and cervicogenic headache. Results are variable, though literature exists that documents the usual practices of headache specialists. Occipital blocks are addressed in ODG, which states "Under study for use in treatment of primary headaches. Studies on the use of greater occipital nerve block (GONB) for treatment of migraine and cluster headaches show conflicting results, and when positive, have found response limited to a short-term duration". The clinical circumstances do not fit migraine or cluster headache. There is no adequate evidence to support their medical necessity.

Botox injections: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26. Decision based on Non-MTUS Citation Botox FDA approved package insert.

Decision rationale: Botox has been established as medically appropriate for chronic migraine, based on published peer reviewed medical literature. MTUS indicates that Botox is not advised for migraine, an entity distinct from chronic migraine. However, the medical records do not document features consistent with a diagnosis of chronic migraine (CM) as published by established authorities. International Headache Society criteria for CM include confirmation of headache consistent with migraine or linked to migraine for 8 days per month, and headache overall 15+ days per month, not reflected in the clinical notes.

Prescription for Zofran 8mg two times per day (BID): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation U.S. Food and Drug Administration, Ondansetron..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA label for Zofran, http://us.gsk.com/products/assets/us_zofran.pdf Sturm JJ, Pierzchala A, Simon HK, Hirsh DA. Ondansetron use in the pediatric emergency room for diagnoses other than acute gastroenteritis. Pediatr Emerg Care. 2012 Mar;28(3):247-50. doi: 10.1

Decision rationale: MTUS and ODG do not address the use of Zofran. Per package label, "Zofran is a 5-HT3 receptor antagonist indicated per package label for prevention of nausea and vomiting associated with initial and repeat courses of emetogenic cancer chemotherapy as well as prevention of postoperative nausea and/or vomiting." Literature reports that ondansetron is widely used in the emergency department for vomiting and acute gastroenteritis. In clinical practice, it is widely used off label for nausea associated with severe headache or gastroenteritis. While it can have side-effect of headache in 10-15% per package label, it has the advantage of being non-sedating. Records indicate that this patient had post - concussive headaches and nausea for which antinausea treatment would be medically necessary, and in which case, avoidance of sedation would be desirable.