

Case Number:	CM13-0021469		
Date Assigned:	11/08/2013	Date of Injury:	09/26/2011
Decision Date:	02/04/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	09/09/2013

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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 51-year-old female who reported an injury on 09/26/2011. The patient is diagnosed with neck sprain and strain and headache. The patient was seen by [REDACTED] on 06/27/2013. The patient reported 7/10 pain. Physical examination revealed decreased and painful range of motion. Treatment recommendations included a trial of Vistaril 25 mg for pain-related insomnia, Botox injections, and continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injection due to headaches: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Botulinum toxin (injection).

Decision rationale: California MTUS/ACOEM Practice Guidelines state injection botulinum toxin has been shown to be effective in reducing pain and improving range of motion in cervical dystonia. Official Disability Guidelines state criteria include moderate or greater severity and clonic and/or tonic involuntary contractions of multiple neck muscles, sustained head torsion

and/or tilt with limited range of motion, duration of greater than 6 months, and exhaustion of alternative causes of symptoms. As per the clinical notes submitted, there is no indication that this patient has failed to respond to previous conservative treatment. The patient does report improvement following acupuncture treatment with increased range of motion and loosened muscle rigidity. The patient's physical examination only revealed decreased painful range of motion. Based on the clinical information received, the patient does not currently meet criteria for Botox injections. As such, the request for Botox injections is noncertified.

Topamax 25mg 2 tabs BID #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-20.

Decision rationale: California MTUS Guidelines state anti-epilepsy drugs are recommended for neuropathic pain. Topamax has been shown to have variable efficacy, with failure to demonstrate efficacy and neuropathic pain of central etiology. It is considered for use for neuropathic pain when other anticonvulsants have failed. As per the clinical notes submitted, there is no indication that this patient suffers from neuropathic pain. There is also no evidence of a failure to respond to previous first-line treatment prior to the initiation of Topamax. Based on the clinical information received, the request is noncertified.

Relafen 500mg 1 tab BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. There is no evidence to recommend 1 drug in this class over another based on efficacy. As per the clinical notes submitted, the patient continues to report ongoing 7/10 pain. Physical examination only revealed decreased and painful range of motion. Satisfactory response to previous use of this medication has not been provided. Guidelines do not recommend chronic use of NSAIDs. Based on the clinical information received, the request is noncertified.

Vistaril 25mg, 2 tabs at bedtime #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Insomnia Treatment.

Decision rationale: Official Disability Guidelines state insomnia treatment is recommended based on etiology. Empirically supported treatment includes stimulus control, progressive muscle relaxation and paradoxical intention. As for the clinical notes submitted, the patient was placed on a trial of Vistaril 25 mg at bedtime for pain related insomnia. However, there is no indication of a failure to respond to nonpharmacological intervention prior to the initiation of prescription medication. Based on the clinical information received, the medical necessity has not been established. Therefore, the request is noncertified.