

Case Number:	CM13-0031427		
Date Assigned:	12/04/2013	Date of Injury:	10/24/1980
Decision Date:	02/19/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	10/03/2013

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 Pain Management has a subspecialty in Disability Evaluation and is licensed to practice in California, Maryland, Florida and District of Columbia. 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 sustained a remote industrial injury on 10/24/80. The patient was a cellar worker who sustained injury to the spine, right upper extremity and right lower extremity due to a slip and fall down the stairs. The patient has been under the care of treating physician for cervical degenerative disc disease: The most recent progress note dated 8/6/13 is provided for review. The patient presented with complaints of "my pain is tail bone, legs, low back, in between shoulders and neck." It was noted that she is stable on her medications and presented for refills. Her urine drug screen on 06/03/13 is negative which is consistent with her prescription. The patient reports limited functioning secondary to headaches from her neck pain, which she has daily from 4-6 hours per day and reports sometimes Excedrin helps relieve them but she says "nothing can fix it." Physical examination did not reveal any abnormalities. It was noted her gait is erect and independent. It was noted that the patient has failed conservative treatments including massage, heat, Excedrin, and her normal daily medications, and it was recommended that Botox migraine protocol 200 units as well as therapeutic ultrasound. The patient's medications were refilled. Several progress notes are provided for review, however, none of which contain a physical examination. Detailed prescription history is provided for review. In the most recent medical report dated August 8, 2009, the following were noted: Working Diagnosis: 1. Cervical ODD with neck pain and shoulder pain. 2. Hands, radicular pain industrial injury. 3. Osteoarthritis non industrial. 4. Minimal medications. 5. Medical co-morbidities. 6. Disabled. 7. Daily headaches secondary to her neck pain from the industrial injury. Treatment Plan: 1. Declines injections. 2. Voltaren gel. 3. Refill Lyrica 75-mg tid #90, Scolaxin 800 mg. bid #60, Botox migraine protocol for daily headaches greater than 4 hours. She says- she has already

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injection 200 units for migraine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26.

Decision rationale: CA-MTUS (Effective July 18 2009) page 25 to 26 of 127 section on Botulinum toxin (Botox®; Myobloc®) not generally recommended for chronic pain disorders, but recommended for cervical dystonia. See more details below. Not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. The request for Botox is not medically necessary according to the guideline, since it stated: Several recent studies have found no statistical support for the use of Botulinum toxin A (BTXA) for any of the following: - The evidence is mixed for migraine headaches. This RCT found that both botulinum toxin type A (BoNTA) and divalproex sodium (DVPX) significantly reduced disability associated with migraine, and BoNTA had a favorable tolerability profile compared with DVPX. (Blumenfeld, 2008). In this RCT of episodic migraine patients, low-dose injections of BoNTA into the frontal, temporal, and/or glabellar muscle regions were not more effective than placebo. (Saper, 2007) Botulinum neurotoxin is probably ineffective in episodic migraine and chronic tension-type headache (Level B). (Naumann, 2008).

Voltaren gel 1%: 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): 111-112.

Decision rationale: CA-MTUS (effective July 18, 2009) section on Topical Analgesics, page 111 to 112 states that there is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. FDA-approved agents: Voltaren® Gel 1% (diclofenac): Indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. Maximum dose should not exceed 32 g per day (8 g per joint per day in the upper extremity and 16 g per joint per day in the lower extremity). Therefore the prescription of Voltaren gel 1% was not medically necessary.

Metaxalone 800mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

Decision rationale: According to Occupational Medicine Practice Guidelines, page 47, section on initial approaches to treatment Muscle relaxants (e.g Robaxin) seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit, although they have been shown to be useful as antispasmodics. Side effects including drowsiness have been reported in up to 30% of patients taking muscle relaxants. Muscle relaxants act on the central nervous system and have no effect on peripheral musculature. They may hinder return to function by reducing the patient's motivation or ability to increase activity. Therefore request for Metaxalone 800mg (#60) is not medically necessary.