MAXIMUS Federal Services

Case Number:	CM13-0048040		
Date Assigned:	12/27/2013	Date of Injury:	10/31/2001
Decision Date:	02/21/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/04/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 55-year-old with a date of injury of 10/31/2001. The listed diagnoses per [redacted] dated 07/29/2013 are: 1. Unspecified essential hypertension 2. Brachial plexus lesion (bilateral) 3. Spinal Stenosis in cervical region C4-C6 4. Carpal tunnel syndrome, right 5. Other specified temporomandibular joint disorders 6. Myalgia and myositis, unspecified 7. Chronic tension type headache 8. Lumbago 9. Sprain of ankle 10. PTSD (Post-Traumatic Stress Disorder) 11. Asthma 12. Chronic sinusitis According to report dated 07/29/2013 by [redacted] the patient presents with chronic headaches. It was noted that patient is "having seven headaches per week (30 per month), which are debilitating and make it impossible for her to work or participate in family activities." Report also notes patient took proranolol briefly which greatly increased her leg edema and so she stopped taking the medication. Report dated 03/25/2013 states patient's "head pain over crown of head constant and feels hot to touch. Patient states if feels more crepitus in the neck." Treater requests Botox, Loratidine, Metrogel, Prazosin, Abuterol, Theracane massager, Hydrochlorothiazide and Oxybutynin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown botox injections of 200 units to be injected every three months: 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): 25-26.

Decision rationale: The Physician Reviewer's decision rationale: This patient presents with chronic headaches. Treater is requesting Botulinus toxin 200 units at every 3 months for patient's chronic migraines. The Chronic Pain Medical Treatment Guidelines states "not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections." The patient has "chronic tension type headaches" as stated in report dated 07/29/2013. The request for unknown botox injections of 200 units to be injected every three months is not medically necessary or appropriate.

Loratidine 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The National Guidelines Clearinghouse

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine, Loratadine Section.

Decision rationale: The Physician Reviewer's decision rationale: This patient presents with chronic headaches. Treater is requesting Loratidine 10mg. The MTUS, ACOEM and ODG guidelines do not discuss Loratidine. However, the National library of medicine states, Loratidine "Treats allergy (hay fever) symptoms and hives. This medicine is an antihistamine." Medical file including reports dated 02/06/2013 to 07/29/2013 do not have any discussions that would warrant Loratidine. There are no subjective complaints, objective findings or any discussion as to why this prescription is being requested. Although patient has a diagnosis of chronic sinusitis, there is no mention of its symptoms in the 200 pages medical file provided for review. It is also not known how the patient's sinusitis is related to the patient's chronic pain. The request for one prescription of Loratidine 10mg is not medically necessary or appropriate.

One prescription of Metronidazole (Metrogel): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Obstetricians and Gynecologists.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug administration Guidelines on Metrogel.

Decision rationale: The Physician Reviewer's decision rationale: This patient presents with chronic headaches. Treater is requesting Metronidazole (Metrogel EX). The MTUS, ACOEM and ODG guidelines do not discuss Metronidazole (Metrogel). However, [redacted] medical database states Metronidazole (metrogel) is a topical antibiotic. It is unclear as to why this medication is being prescribed as there is no discussion, whatsoever, regarding the need for a

topical antibiotic. There are no subjective complaints, objective findings or a diagnosis that would warrant this medication. There is also no explanation as to how this is related to the patient's chronic headaches and pain from the industrial injury. The request for one prescription of Metronidazole (Metrogel) is not medically necessary or appropriate.

Prazosin, 30 count with three refills:

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration Guidelines on Prazosin Hydrochloride (Minipress).

Decision rationale: This patient presents with chronic headaches. Treater is requesting Prazosin 1mg #30 with 3 refills. Utilization letter dated 10/22/2013 denied request stating, "This medication is not recommended as monotherapy in regards to the management of PTSD (post-traumatic stress disorder)." The MTUS, ACOEM and ODG guidelines do not discuss Prazosin specifically. However, The Food and Drug administration states Prazosin Hydrochloride (Minipress) is "a quinazoline derivative, is the first of a new chemical class of antihypertesives." Indications and usage: "treatment of hypertension. Patients should always be started on the 1mg capsules of Minipress. The 2 and 5mg capsules are not indicated for initial therapy." As indicated in the medical records, this patient has hypertension. Treater is requesting 1 mg #30 plus 3 refills. The request for Prazosin, 30 count with three refills, is medically necessary and appropriate.

One prescription of Bupropion XL 150 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-15.

Decision rationale: The Physician Reviewer's decision rationale: This patient presents with chronic headaches. Treater is requesting Bupropion . The Chronic Pain Medical Treatment Guidelines on Antidepressants states "while Bupropion has shown some efficacy in neuropathic pain there is no evidence of efficacy in patients with non-neuropathic chronic low back pain. Furthermore, a recent review suggested that Bupropion is generally a third-line medication for diabetic neuropathy and may be considered when patients have not had a response to a tricyclic or SNRI (serotonin and noradrenaline reuptake inhibitor). This patient does not meet the indications for this medication as medical records do not document any "neuropathic pain". The request for one prescription of Bupropion XL 150 mg is not medically necessary or appropriate.

One prescription of Lisonopril 20 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Quality Standards Subcommittee of the American Academy of Neurology and the American Headache Society

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration Guidelines on Lisonopril.

Decision rationale: This patient presents with chronic headaches. Treater is requesting Lisinopril. The MTUS, ACOEM and ODG guidelines do not discuss Lisinopril in specific. However, FDA states "ZESTRIL is indicated for the treatment of hypertension, to lower blood pressure. Lowering blood pressure lowers the risk of fatal and non-fatal cardiovascular events, primarily strokes and myocardial infarctions. These benefits have been seen in controlled trials of antihypertensive drugs from a wide variety of pharmacologic classes including lisinopril." UR letter dated 10/22/2013 modified certification from unknown quantity and duration to #30. Medical records indicate patient has high blood pressure, in which this medication is indicated for. UR modified certification for #30 was reasonable. The request for one prescription of Lisonopril 20 mg is not medically necessary or appropriate.

One prescription of Albuterol: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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)

Decision rationale: This patient presents with chronic headaches. Treater is requesting Albuterol without indicating dosing or duration. Utilization review dated 10/22/2013 modified certification to "1 prescription up to 1 month supply". The ODG guidelines under "treatment guidelines for occupational asthma", states "Appropriate medications for the treatment of asthma include inhaled beta-agonist bronchodilators, inhaled corticosteroids, cromolyn sodium, nedocromil sodium, theophylline, and oral corticosteroids." Medical records show patient has chronic asthma. The ODG states beta-agonist bronchodilators are appropriate medications for asthma treatment. The request for one prescription of Albuterol is medically necessary and appropriate.

One Theracine messager for trigger point disruption with one refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with chronic headaches, and low back pain among other symptoms. Treater is requesting a Theracane massager for trigger point disruption. The

MTUS, ACOEM and ODG guidelines do not discuss Theracane massager in specific. A search on the web (Theracane.com) shows Theracane massager is a hand held deep pressure self-massager, described as "easy to apply pain-relieving deep compression directly to hard, knotted "trigger points" anywhere they occur." ODG guidelines under massage states " Mechanical massage devices are not recommended." The request for one Theracine messager for trigger point disruption with one refill is not medically necessary or appropriate.

One prescription of Hydrochlorothiazide 25 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The National Library of Medicine, Hydrochlorothiazide Section.

Decision rationale: This patient presents with chronic headaches. Treater is requesting Hydrochlorothiazide 25 mg (quantity or duration unnoted). Utilization review dated 10/22/2013 modified certification, stating since patient has experienced increase in her leg edema after taking proranolol a modified certification of 25mg #30 (a 1-month supply) is appropriate. The MTUS, ACOEM and ODG guidelines do not specifically discuss Hydrochlorothiazide. The National Library of Medicine states Hydrochlorothiazide is a "water pill" used to treat high blood pressure and fluid retention caused by various conditions. Given patient's hypertension and recent increase in edema after taking proranolol, a short course of Hydrochlorothiazide would be warranted. However, an open-ended prescription with no quantity or duration of usage cannot be recommended. The request for one prescription of Hydrochlorothiazide 25 mg is not medically necessary or appropriate.

One prescription of Oxybutynn 5 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Texas, School of Nursing, Family Nurse Practitioner Program.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The National Library of Medicine, Oxybutynin Section.

Decision rationale: This patient presents with chronic headaches. Treater is requesting Oxybutynin 5mg (quantity or duration not specified). Utilization review dated 10/22/2013 modified certification to 5mg #90 for treatment of patient's urinary incontinence. Unfortunately, the report (dated 05/17/2013) in which UR references, the patient's incontinence is not provided in the medical file and no other report discusses patient's need for Oxybutynin. The MTUS, ACOEM and ODG guidelines do not discuss Oxybutyn specifically, however, the National Library of Medicine states it is used to treat overactive bladder. The reports do not describe a diagnosis of overactive bladder, neurogenic bladder or a brain injury. It is not certain why this patient suffers from overactive bladder. The utilization review certified #90, and the current

request is open ended use of Oxybutynin 5 mg. Recommendation is for denial of the open-ended request for Oxybutynin given the lack of dosing and the appropriate diagnosis for the use of this medication. The request for one prescription of Oxybutynn 5 mg is not medically necessary or appropriate.