

<b>Case Number:</b>	CM14-0006117		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	12/26/2011
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	12/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/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 injured worker is a 63 year old female who reported an injury on 12/26/2011. The mechanism of injury was reported to be the result of moving heavy equipment. Per the clinical note dated 09/06/2013 the injured worker reported continued bilateral numbness and tingling to hands and feet, pain from the neck radiating to bilateral arms, pain in her neck with associated headaches, and low back pain. The injured worker also reported depression and anxiety associated with the pain. Upon physical exam the injured worker was found to have a significant discrepancy in her iliac crests with the left side being 2 inches lower than the right. The physician noted diffuse tenderness throughout the cervical paraspinal muscles with normal flexion, decreased extension, and decreased tilt bilaterally. The diagnoses for the injured worker included rule out lumbar facet syndrome, cervical facet syndrome, cervicogenic headache, and rule out upper and lower bilateral neuropathy. The request for authorization for medical treatment was not provided in the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 THORACIC OUTLET BRACE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Washington State Department of Labor Industries, page 14.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American Academy of Orthopaedic Surgeons, orthoinfo.aaos.org

**Decision rationale:** According to the American Academy of Orthopaedic Surgeons symptoms in TOS may vary, depending on which nerves or blood vessels are compressed. Symptoms from nerve compression are much more common than symptoms from blood vessel compression. Pressure on the nerves may cause a vague, aching pain in the neck, shoulder, arm, or hand. It may also cause pain, numbness, or tingling on the inside of the forearm and the fourth and fifth fingers of the hand. Weakness may make your hand clumsy. Pressure on the blood vessels can reduce the flow of blood out of your arm, resulting in swelling and redness of your arm. Less commonly, pressure can reduce the blood flow into your arm and hand, making them feel cool and easily fatigued. Overhead activities are particularly difficult because they worsen both types of compression. There may be a depression in your shoulder, or swelling or discoloration in your arm. Your range of motion may be limited. There is a lack of documentation regarding physical findings or diagnostic findings to confirm the need for this brace. There is a lack of documentation regarding a diagnosis of thoracic outlet syndrome. Therefore, the request for the thoracic outlet brace is not medically necessary.

**BUPROPRION 3MG #30 WITH 3 REFILLS:**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Wellbutrin Page(s): 125.

**Decision rationale:** Per Chronic Pain Medical Treatment Guidelines Bupropion is an atypical antidepressant that acts as a norepinephrine and dopamine reuptake inhibitor. Per the Official Disability Guidelines bupropion is recommended as an option after other agents. 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, 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. The injured worker was documented to have depression related to pain as well as some neuropathies. There is a lack of documentation regarding the intended use for this medication or the efficacy of use, as well as the length of time the injured worker has been utilizing this medication. Therefore, the request for Bupropion 3mg #30 with 3 refills is not medically necessary.

**ZOMIG 5MG #12 WITH 1 REFILL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Clinical Guidelines Center. Headaches: diagnosis and management.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MedicineNet.com

**Decision rationale:** Per Medicine Net Zolmitriptan is a drug for treating migraine headaches. Migraine headaches are believed to result from dilation of the blood vessels in the brain. Zolmitriptan causes constriction of the blood vessels and thereby relieves the pain of a migraine headache. While Zolmitriptan is very effective in relieving migraine headaches, it does not prevent or reduce the number of headaches if taken prophylactically. It should not be used to treat types of headaches other than migraine. There is a lack of documentation regarding the frequency of the migraines as well as the time limits of the pain. In addition, there is a lack of documentation regarding objective clinical findings regarding the migraines and the efficacy of this medication. Therefore, the request for Zomig 5mg #12 with 1 refill is not medically necessary.