

Case Number:	CM14-0013841		
Date Assigned:	02/26/2014	Date of Injury:	08/20/2010
Decision Date:	08/21/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/03/2014

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, has a subspecialty in Interventional Spine 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 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 patient is a 31-year-old female with date of injury 08/20/2010. According to the treating physician's report 01/13/2014, patient presents with chronic tension headaches often progressing into migraines and the only thing that has worked is Relpax, which is a triptan. Patient has not tried Fioricet prophylactically to prevent the tension headaches from proceeding into migrainous-type headaches. Worst pain score is 10/10, least pain score is 4/10, usual pain score is 6/10 to 7/10. Pain is the same. Patient has had occipital nerve blocks on 07/15/2013; right RF lesioning C2-C3, 02/25/2013; RF lesioning left C2 and C3, 07/23/2012; left medial branch blocks C2-C3, 05/21/2012. Listed diagnoses are headache, tension headache, cervical spondylosis without myelopathy, chronic pain due to trauma, adjustment disorder, anxiety and depressed mood, overweight, and dietary surveillance and counseling. Recommendation is for her to start Fioricet, continue Relpax, and referral to discuss Botox injections for the neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

FIORICET 50-325-40 MG #30 1-2 TABLET AS NEEDED, EVERY 4 HOURS PRN TENSION HEADACHES WITH ONE REFILL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginto/meds/a603029.html>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fioricet, Barbiturate-containing analgesic agents (BCAs) Page(s): 47,23.

Decision rationale: MTUS guidelines states that barbiturate-containing analgesic agents are not recommended for chronic pain due to potential for drug dependence that is high and lack of evidence to show clinically important enhancement of analgesia. Therefore, the request for Fioricet 50-325-40 mg #30 1-2 tablet as needed, every 4 hours prn tension headaches with one refill is not medically necessary and appropriate.

REFERRAL FOR POSSIBLE BOTOX INJECTIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc) Page(s): 25-26.

Decision rationale: MTUS guidelines provides specific discussion regarding Botox injections. On pages 25 and 26, it states, Not generally recommended for chronic pain disorders Not recommended for the following: tension-type headache, migrainous headaches, fibromyositis, chronic neck pain, myofascial pain syndrome, and trigger point injections. Given the lack of support from MTUS Guidelines for Botox injections for the kind of condition this patient suffers from; the request for a referral for possible botox injections is not medically necessary and appropriate.