

Case Number:	CM14-0021715		
Date Assigned:	05/05/2014	Date of Injury:	09/01/1999
Decision Date:	07/09/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/20/2014

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 & 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:

This patient is a 52-year-old female with date of injury September 1, 1999. Per the treating physician's report on January 20, 2014, the patient presents with neck and head pain, cervical fusion in April 2011 and has had treatments including medications, updated images, and occipital blocks. The patient started having significant increase in headaches due to her neck pain and was referred to neurology center that provided her with Botox injection in May 2013. Current medications include Tylenol, Zanaflex, Maxalt, Cambia, and Valium. The pain is rated 5/10 to 6/10, aching, burning, pressure radiates into the right arm, numbness and tingling in the right hand, occasional numbness in left hand. Patient has headaches 5 to 7 days per week, comes and goes, in the base of the skull, and moves into the right eye, across the head with soreness in the temple. Headaches can last anywhere from 1 to 24 hours. Patient has photophobia, and before use of medications, patient had nausea/vomiting as a direct result of the headaches. The patient was diagnosed with chronic pain syndrome, cervical spine status post cervical fusion with persistent chronic pain, Cervicogenic headaches, and Cervicobrachial myofascial pain syndrome. The recommendation was for cognitive behavioral therapy; continue medications including Tylenol No. 3, Zanaflex, Maxalt #18 per month, Cambia, a trial of Pamelor, pain counseling, cervical spine musculature Botox injections to treat chronic headaches. A report on December 5, 2013 by the treating physician indicates the Botox injections provided her with significant amount of relief such that she almost had no headaches and cut down on the use of her medications, especially Maxalt by in excess of 90%. The patient is currently waiting for authorization for repeat Botox injection for migraine headaches. A report on September 3, 2013 report indicates 60 to 80% relief of her migraine headaches since the injections but still has

approximately 3 per week that did not last as long as they used to, much less intense. Patient has been able to work slightly longer hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL SPINE AND MUSCULATURE BOTOX INJECTIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BOTULINUM TOXIN Page(s): 25-26.

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

Decision rationale: This patient presents with migrainous headaches for which the treating physician is requesting Botox injections. Patient had Botox injection in the past in April 2013 with significant reduction of symptoms. The September 3, 2013 report indicates the patient is still having 3-times-a-week headaches but less intense, and able to take less medications. In a report from January 2014 by recollection, the patient believed that the headaches were improved by 90% from the Botox injection. MTUS guidelines page 25 and 26 specifically states Botox injections are "not recommended for the following: Tension-type headaches, migrainous headaches, fibromyositis, chronic neck pain, myofascial pain syndrome, and trigger point injections." Given the lack of support from MTUS guidelines, the request of Botox injections is not medically necessary.

MAXALT 10 MG #18 PER MONTH: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Triptans.

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

Decision rationale: The patient presents with migrainous headaches described as unilateral headache that goes into the eye, intermittent basis, lasting anywhere from 1 to 24 hours, associated with nausea and vomiting and photophobia. ODG guidelines regarding triptans support use of these medications for migraine sufferers. The patient seems to be adequately benefiting from the use of triptans, although treating physician would like to treat the patient with Botox injections as well. However, given the support from ODG guidelines, the request for Maxalt 10 mg #18 per month is medically necessary.

CAMBIA 50MG FOR TWO BOXES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DICLOFENAC POTASSIUM Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60, 61.

Decision rationale: This patient presents with chronic neck, pain, headaches. The request was Cambia which is Diclofenac, a Non-steroidal anti-inflammatory drug (NSAID). MTUS guidelines do support NSAIDs for chronic musculoskeletal pain at least for a short term. This medication may be indicated to treat this patient's chronic pain, but none of the reports reviewed described this medication's efficacy. MTUS guidelines page 60 require documentation of pain and function when medications are used for chronic pain. Without documentation regarding pain reduction and functional gains, chronic use of these medications are not recommended. The request for two boxes of Cambia 50 mg is not medically necessary.