

<b>Case Number:</b>	CM14-0048830		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	09/08/2000
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 Family Medicine and is licensed to practice in North Carolina. 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 claimant is a 45 year old woman with date of injury of 9/9/2000. She is treated for chronic cervical spine pain, post laminectomy syndrome, cervical spondylosis without myelopathy, chronic migraine and lumbar spondylosis. She has been treated with physical therapy, home exercise program, cervical laminectomy and multiple medications including Norco, Lyrica, Celebrex, Fioricet, Skelaxin and ondansetron. Examination notes describe ongoing cervical pain and migraines occurring 18-19 times per month requiring treatment. The requests are for right C3, C4, C5, C6 diagnostic cervical facet blocks, Fioricet 50/325/40 #60, Coenzyme Q10 300 mg and Magnesium citrate 300 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for 1 Right C3, C4, C5 and C6 diagnostic cervical facet nerve blocks:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Upper Back and Neck, Diagnostic facet joint block.

**Decision rationale:** CA MTUS is silent on the use of diagnostic facet nerve blocks for cervical pain. The ODG section on upper back and neck indicates that such diagnostic blocks may be indicated in cases with non-radicular cervical pain at no more than 2 levels when conservative options including physical therapy, home exercise program and medications have failed. Facet blocks should not be undertaken at any levels where previous fusion procedures have been performed. No more than two facet joint injections should be blocked in a single session. The claimant in this case does have cervical pain non responsive to conservative treatments and a diagnostic facet joint block performed in accordance with ODG recommendations is medical necessary. The original request is for blocks at C3, C4, C5, C6 which would exceed the recommendation that no more than 2 levels be injected in a single session. The original UR decision certified for blocks at 3 vertebrae (corresponding to 2 levels) only, rather than the 4 vertebrae (3 levels) requested). I am upholding the original UR decision and state that the 1 right C3, C4, C5 and C6 dignostic cervical facet nerve blocks are not medically certified.

**Prospective request for 1 prescription of Fioricet 50/325/40 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Fioricet. Decision based on Non-MTUS Citation Toward Optimized Practice Guideline for primary care management of headache in adults. Edmonton (AB): Toward Optimized Practice; 2012 Jul. 71 p.

**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: Toward Optimized Practice. Guideline for primary care management of headache in adults. Edmonton (AB): Toward Optimized Practice; 2012 Jul.

**Decision rationale:** CA MTUS addresses the use of Fioricet in chronic pain and does not recommend use because of high levels of dependency. The CA MTUS does not address use of Fioricet for migraines. The ACOEM and ODG do not address Fioricet use for migraines. Outside guidelines for the management of acute migraine pain caution against use of narcotic or barbiturates for migraines because of risks of dependency. These medications should be used only if first line medications have failed or are contra-indicated. When used, use should be limited to no more than 10 doses a month. In this case, there is no documentation of failure of, or contra-indication to, first line abortive therapy options. Furthermore, the frequency of headaches reported and the amount of Fioricet requested would exceed the recommendation to limit use to no more than 10 doses per month. The original UR decision partially certified #45 pills to allow for tapering of the medication so that first line abortive therapy could be instituted. I uphold the original UR decision and state that the prescription of Fioricet 50/325/40 mg #60 is not medically certified.

**Prospective request for 1 prescription of Coenzyme Q 10 300mg:** Upheld

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

**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: Medications for Migraine Prophylaxis, SEEMA MODI, M.D., and DIONNE M. LOWDER, PHARM.D., B.C.P.S. Brody School of Medicine at East Carolina University, Greenville, North Carolina, Am Fam Physician. 2006 Jan 1;73(1):72-78.

**Decision rationale:** The CA MTUS, ACOEM and ODG are silent on the use of Coenzyme Q 10 in migraines. Outside guidelines include it as a third line for migraine prophylaxis. Its use should be limited to those in whom first or second line prophylactic agents have failed or are contraindicated. In this case, no first or second line agent has been tried and there is no documentation of any contra-indication to a first line agent. Per the original UR physician's notes, the treating physician stated in a phone conversation that he intended to try Topamax (a first line prophylactic agent) if the Coenzyme Q10 wasn't effective. The use of a third line agent for migraine prophylaxis, when a first line agent has not yet been used is not medically certified.

**Prospective request for 1 prescription of Magnesium (Citrate) Supplement 300 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 Other Medical Treatment Guideline or Medical Evidence: Medications for Migraine Prophylaxis, SEEMA MODI, M.D., and DIONNE M. LOWDER, PHARM.D., B.C.P.S. Brody School of Medicine at East Carolina University, Greenville, North Carolina, Am Fam Physician. 2006 Jan 1;73(1):72-78.

**Decision rationale:** The CA MTUS, ACOEM and ODG are silent on the use of magnesium citrate in migraines. Outside guidelines include it as a third line for migraine prophylaxis. Its use should be limited to those in whom first or second line prophylactic agents have failed or are contraindicated. In this case, no first or second line agent has been tried and there is no documentation of any contra-indication to a first line agent. Per the original UR physician's notes, the treating physician stated in a phone conversation that he intended to try Topamax (a first line prophylactic agent) if the magnesium citrate wasn't effective. The use of a third line agent for migraine prophylaxis, when a first line agent has not yet been used, is not medically certified.