

<b>Case Number:</b>	CM14-0071169		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	12/05/2010
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/16/2014

### 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 Occupational Medicine 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain and migraine headaches reportedly associated with an industrial injury of December 5, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; adjuvant medications; earlier medial branch block procedures; and abortive medications for migraines. In a Utilization Review Report dated April 17, 2014, the claims administrator denied a diagnostic cervical facet block/medial branch block, denied a preoperative medical clearance, denied a request for Topamax, partially approved a request for Topamax, partially approved a request for Relpax, and partially approved a request for Cymbalta. The partial approval of Topamax was apparently based on the fact that Topamax was an 'N' drug on ODG's formulary. This was invoked, despite the fact that the California has not adopted ODG's formulary. The Utilization Review Report was 12 pages long and very difficult to follow. The applicant's attorney subsequently appealed. In a March 5, 2014 progress note, the applicant reported persistent complaints of neck pain and migraine headaches. The applicant's work status was not clearly stated. Repeat diagnostic facet medial branch blocks were sought. Topamax, Relpax, and Cymbalta were reportedly refilled. It was stated that the applicant was now having 22 to 24 migraines per month. It was stated that the applicant had had a severe increase in symptoms. The applicant's work status was not clearly stated, although the applicant did not appear to be working. On January 8, 2014, the applicant was again given refills of Topamax, Relpax, and Cymbalta. Naprosyn and Protonix were also endorsed. Once again, the applicant's work status was not provided. The applicant was again described as having a run of increased migraine frequency and severity. In this case, there was no explicit discussion of medication efficacy. In an earlier note dated November 13, 2013, the applicant did state that Topamax and Cymbalta were effective at that point in time. In a medical-legal evaluation dated May 13, 2014, the applicant was apparently using Imitrex, Topamax,

Relpax, Naprosyn, Excedrin, and Cymbalta. It was suggested that the applicant had weaned off of Cymbalta at one point in time but that his symptoms of depression recurred. The applicant then resumed Cymbalta, it was suggested. It was stated that the applicant appeared motivated to withdraw from his current medications, with the exception of Cymbalta, but was reportedly unable to do so. It was suggested that Relpax was playing some role in aborting breakthrough migraine headaches if and when they arose. The note was very difficult to follow in terms of gleaning the presence or absence of medication efficacy.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Diagnostic cervical facet/medial branch block:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8, page 181, 174.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 182, both facet injections of corticosteroids and the diagnostic medial branch blocks seemingly being sought here are "not recommended." As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 181, both the facet corticosteroid injections and diagnostic medial branch blocks seemingly being sought here are deemed not "recommended." In this case, it is further noted that there is considerable lack of diagnostic clarity. The applicant has been given various diagnoses, including cervicogenic headaches, migraine headaches, chronic neck pain, etc. There was/is no clear demonstration of facetogenic pain for which diagnostic medial branch blocks would be indicated. It is further noted that the MTUS Guideline in ACOEM Chapter 8, page 174 suggests moving on to radiofrequency neurotomy procedures in applicants who had a positive response to earlier diagnostic facet injections. It is unclear why the attending provider did not move on to seek radiofrequency neurotomy procedures if he believed that the earlier medial branch blocks were, in fact, successful. Therefore, the request is not medically necessary.

**Pre-op medical clearance/History & Physical (H&P)/labs/ electrocardiogram (EKG):**  
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 <http://emedicine.medscape.com/article/285191-overview#showall> and Preoperative Testing; Author: Gyanendra K Sharma, MD, FACC, FASE; Chief Editor: William A Schwer, MD

**Decision rationale:** This is a derivative or companion request, one which accompanies the primary request for cervical facet/medial branch blocks. Since that request was deemed not medically necessary, the derivative or companion request for a preoperative medical clearance, H&P, labs, and EKG, is likewise not indicated. It is further noted that Medscape notes that routine preoperative testing, as is being sought here, to help the applicants undergoing elective procedures is "not recommended." For all of the stated reasons, then, the request is not medically necessary.

**Topamax times 2 months:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Topamax <sup>®</sup> The label - FDA Home Page - Food and Drug [www.accessdata.fda.gov/drugsatfda.../labe](http://www.accessdata.fda.gov/drugsatfda.../labe): Migraine and Topamax <sup>®</sup> (topiramate) Tablets and Topamax <sup>®</sup> (topiramate capsules)

**Decision rationale:** Topamax is apparently being employed for migraine headaches here. Usage of Topamax for migraine headaches is not a role discussed in the MTUS. As noted by the Food and Drug Administration (FDA), Topamax is indicated for the prophylaxis of migraine headaches. In this case, the applicant's neurologist did suggest on a reevaluation note of May 13, 2014 that the applicant's usage of topiramate was attenuating the frequency and severity of the applicant's headaches, to some degree, and facilitating increased activity, including working out in a gym. Continuing the same, on balance, is therefore, indicated. Accordingly, the request is medically necessary.

**Relpax times 2 months:** 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 Procedure Summary, Mosby's Drug Consult

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation RELPAX <sup>®</sup> - FDA Home Page: [www.accessdata.fda.gov/drugsatfda.../labe](http://www.accessdata.fda.gov/drugsatfda.../labe): Food and Drug Administration, Indications and usage

**Decision rationale:** The MTUS does not address the topic of Relpax, an abortive medication for migraines. As noted by the Food and Drug Administration (FDA), Relpax is indicated for the acute treatment of migraines with or without aura in adults. In this case, the applicant's neurologist did note on May 13, 2014 that Relpax was seemingly successful in attenuating the severity of the applicant's breakthrough migraine headaches if and when they arose. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

**Cymbalta times 2 months:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, antidepressants such as Cymbalta "may be helpful" to alleviate symptoms of depression. In this case, the applicant's neurologist did posit, albeit somewhat obliquely, that usage of Cymbalta had proven effective in ameliorating the applicant's mood and symptoms of depression by noting that earlier cessation of Cymbalta had resulted in a worsening of depressive symptoms. Resumption of Cymbalta, thus, did apparently attenuate the applicant's depressive symptoms. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.