

Case Number:	CM15-0135187		
Date Assigned:	07/23/2015	Date of Injury:	07/11/2011
Decision Date:	08/25/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/13/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York, Tennessee

Certification(s)/Specialty: Emergency Medicine

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 46-year-old female who sustained a work related injury July 11, 2011. Past history included hypertension, migraines, Chiari malformation, and left ankle surgery. According to a primary treating physician's progress report, dated June 4, 2015, the injured worker presented for follow-up of her bilateral neck pain. Current medication included Tramadol, Elavil, Lidoderm patch, Bystolic, Voltaren cream, Amitriptyline, and Verapamil. Physical examination revealed tenderness upon palpation of the lumbar paraspinal muscles overlying the bilateral L3-S1 facet joints and cervical paraspinal muscles overlying the C2-C7 facet joints. Lumbar and cervical ranges of motion were restricted by pain in all directions. Lumbar and cervical extension was worse than lumbar and cervical flexion. Lumbar facet joint proactive maneuvers were positive, and nerve root tension signs were negative bilaterally. Impression-Differential Diagnoses are cervical facet joint arthropathy; status post bilateral L4-5 and L5-S1 radiofrequency nerve ablation; and facet joint medial branch blocks; bilateral lumbar facet joint arthropathy; central disc protrusion at L5-S1 measuring 2-3 mm; cervical degenerative disc disease; whiplash. At issue, is the request for authorization for 2 injections of Botox and Trokendi XR.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 injections of Botox 100 unit vials: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 26.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that Botox is not generally recommended for chronic pain disorders. It is not recommended for tension type headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome, or trigger point injections. Systematic reviews have stated that current evidence does not support the use of Botox for mechanical neck disease. In this case, the patient is diagnosed with cervical spine disease. Botox injections are not recommended. The request should not be medically necessary.

Trokendi Xr 25mg #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 16, 21.

Decision rationale: Trokendi is an extended release preparation of the antiepileptic medication, topiramate. Antiepileptic medications are recommended for neuropathic pain. It has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. In this case, there is no documentation that the patient has failed prior treatment with other anticonvulsants. In addition, topiramate is documented as a prior medication. The request should not be medically necessary.